

UNIFORM APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION

To the state of: _____

1. Sponsoring organization:

Name: _____
 Address: _____
 Telephone: (____) _____ Fax (____) _____
 E-mail: _____

2. Title of educational activity:

3. Date(s) and location(s): _____

4. Registration fee: _____

5. Writing surface available? " Yes " No

6. Delivery Method(s): " faculty in room with participants; " telephone to broadcast site; " interactive video; " satellite; " audiotape presentation; " videotape presentation; Interactive computer/internet " discussion leader present

7. Type of Law code(s): 1. _____ 2. _____ (Optional) 3. _____ (Optional)
 Difficulty Level: " Beginner; " Intermediate; " Advanced

8. Advertised to: " Lawyers; " Clients; " Others (specify, list %): _____

9. List any admission restrictions: _____

10. "In-house activity" requirement (see local rules to determine applicability):
 " open/publicized to outside lawyers; " outsiders are _____ % of faculty; " clients are _____ % of audience

11. Method of evaluation: " participant critique; " independent evaluator; " none
 " other _____

12. Description of materials to be distributed: total pages _____ " looseleaf; " bound
 Distributed: " Before Program; " At program; " Other _____

13. REQUIRED ATTACHMENTS to this application:
- a. time schedule (brochure, course outline, course description)
 - b. table of contents or equivalent
 - c. faculty name(s) and credentials (if not in brochure or description)
 - d. complete set of materials (only in states where required)
 - e. fees (only in states where required)

14. Total minutes of instruction, not including breaks, meals or introductions:
- General (non-ethics): _____
 Ethics (minutes): _____ Substance Abuse: _____
 Total: _____
 Other: _____

15. Approval by other states: Granted by _____
 Denied by _____

16. Submitted by: " employee of sponsor/provider; " individual lawyer

SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with all local rules and regulations attached. _____

Sponsor Representative _____

Title _____
 Signature _____
 Date _____ / _____ / _____

**STATE ACCREDITATION OFFICE
 NOTICE OF DECISION**

Course No. _____

(To be completed by the state accreditation office and returned to applicant)

The following action has been taken on this application:

" RETURNED for more information.
 Please complete each item on the form indicated by the number(s) circled below:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

" APPROVED for _____ CLE credits,
 Including _____ Ethics credits

" DENIED Reference _____

" SEE ATTACHED MATERIALS.