

APPLICATION TO THE STATE OF:		MCLE STATE NOTIFICATION OF ACCREDITATION																			
1 SPONSORING ORGANIZATION INFORMATION NAME _____ ADDRESS _____ <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">CITY</td> <td style="width:25%; border-bottom: 1px solid black;"></td> <td style="width:10%; border-bottom: 1px solid black;">STATE</td> <td style="width:10%; border-bottom: 1px solid black;"></td> <td style="width:10%; border-bottom: 1px solid black;">ZIP</td> <td style="width:20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">TELEPHONE</td> <td style="border-bottom: 1px solid black;">FAX</td> <td colspan="4" style="border-bottom: 1px solid black;">EMAIL</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td colspan="4" style="border-bottom: 1px solid black;"></td> </tr> </table>		CITY		STATE		ZIP		TELEPHONE	FAX	EMAIL										To be completed by the MCLE State regulatory agency and returned to applicant. Course Number: _____ Date: _____ The following action has been taken on this application: <input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics Credits Other Credit Breakdown: _____ (if applicable) <input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.) <input type="checkbox"/> RETURNED for the request of additional information. Please complete each item on the form as indicated by the numbers circled below. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <input type="checkbox"/> OTHER Regulator Comments: _____	
CITY		STATE		ZIP																	
TELEPHONE	FAX	EMAIL																			
2 TITLE OF EDUCATIONAL ACTIVITY _____ _____																					
3 DATE(S) _____ LOCATION(S) _____ _____																					
4 REGISTRATION FEE: _____																					
5 WRITING SURFACE AVAILABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No																					
6 METHODS OF PRESENTATION: <input type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input type="checkbox"/> Other: <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Internet On-Demand (Interactive) <input type="checkbox"/> Discussion Leader present																					
7 TYPE OF LAW CODE(S): (Available for review: https://www.clereg.org/lawClassifications.asp) 1. _____ Additional Codes Optional: 2. _____ 3. _____ 4. _____ DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels																					
8 ADVERTISED TO: <input type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)																					
9 LIST ANY ADMISSION RESTRICTIONS: _____																					
10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability) Open/Publicized to Outside Lawyers <input type="checkbox"/> Yes <input type="checkbox"/> No Outsiders are _____ % of Faculty & Clients are _____ % of audience If not open, please specify reason: _____																					
11 METHOD OF EVALUATION: <input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:																					
12 MATERIALS DESCRIPTION Total Pages: _____ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: <input type="checkbox"/> Before Program <input type="checkbox"/> At Program <input type="checkbox"/> Other:																					
13 REQUIRED ATTACHEMENTS TO THIS APPLICATION: a. Time Schedule/Agenda (Brochure, Outline, Description) b. Table of Contents c. Faculty Description d. Complete Set of Materials and Fees (Only in states where required)		APPLICANT INFORMATION (please print) Sponsor Representative Name: _____ Title: _____																			
14 CREDITS REQUESTED: Indicate minutes of instruction not including breaks, meals or introductions: General/Substantive: _____ Ethics: _____ Substance Abuse: _____ Other: _____ Total: _____		Complete the following if filed by individual attorney: Attorney Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Number: _____ Email: _____																			
15 ACCREDITATION BY OTHER STATES: GRANTED: DENIED:																					
16 SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer Please Complete and sign Applicant Information →		SIGN HERE _____ Date: _____																			