

APPLICATION TO THE STATE OF:		MCLE STATE NOTIFICATION OF ACCREDITATION	
1	SPONSORING ORGANIZATION INFORMATION	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:	
NAME			
ADDRESS			
CITY		STATE	
TELEPHONE		ZIP	
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:	APPLICANT INFORMATION (please print)	
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)		Sponsor Representative Name: Title:	
14	CREDITS REQUESTED:	Complete the following if filed by individual attorney:	
Indicate minutes of instruction not including breaks, meals or introductions: General/Substantive: _____ Ethics: _____ Substance Abuse: _____ Other: _____ Total: _____		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		SIGN HERE
Please Complete and sign Applicant Information →			Date: