

# CLEreg Uniform Application for Approval of Continuing Legal Education

|   |  |   |   |       |   |  |  |           |    |
|---|--|---|---|-------|---|--|--|-----------|----|
| <b>APPLICATION TO THE STATE OF:</b><br>California   |  |   |   |       | <b>MCLE STATE NOTIFICATION OF ACCREDITATION</b><br><br>To be completed by the MCLE State regulatory agency and returned to applicant.<br><br>Course Number: _____ Date: _____<br><br>The following action has been taken on this application:<br><br><input type="checkbox"/> <b>APPROVED</b> for a total of _____ CLE credits<br>Including _____ Ethics Credits<br><br>Other Credit Breakdown: _____<br>(if applicable)<br><br><input type="checkbox"/> <b>NOT APPROVED</b><br>(See comments below or additional information attached.)<br><br><input type="checkbox"/> <b>RETURNED</b> for the request of additional information.<br>Please complete each item on the form as indicated by the numbers circled below.<br><br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16<br><br><input type="checkbox"/> <b>OTHER</b><br>Regulator Comments: |  |  |           |    |
| <b>1 SPONSORING ORGANIZATION INFORMATION</b>  |  |   |   |       |   |  |  |           |    |
| NAME<br>National Retail and Restaurant Defense Association<br>Provider # 16269  |  |   |   |       |   |  |  |           |    |
| ADDRESS   |  |   |   |       |   |  |  |           |    |
| STREET  |  | 6311 W. Gross Point Road                |   |       |   |  |  |           |    |
| CITY  |  | Niles                                   |   | STATE |   | IL                                     |  | ZIP 60714 |    |
| TELEPHONE   |  |   | FAX   |       |   | EMAIL                                  |  |           |    |
| 847-324-7050  |  |   | 847-647-8940  |       |   | info@nrrda.org                         |  |           |    |
| <b>2 TITLE OF EDUCATIONAL ACTIVITY</b><br>NRRDA 2017 Annual Conference  |  |   |   |       |   |  |  |           |    |
| <b>3 DATE(S)</b>  |  |   |   |       | <b>LOCATION(S)</b>  |  |  |           |    |
| March 2-3, 2017   |  |   |   |       | San Diego, California   |  |  |           |    |
| <b>4 REGISTRATION FEE:</b> \$695  |  |   |   |       |   |  |  |           |    |
| <b>5 WRITING SURFACE AVAILABLE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |       |   |  |  |           |    |
| <b>6 METHODS OF PRESENTATION:</b>   |  |   |   |       |   |  |  |           |    |
| <input checked="" 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 checked="" type="checkbox"/> Discussion Leader present |       |   |  |  |           |    |
| <b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clereg.org/resources/law-classifications">https://www.clereg.org/resources/law-classifications</a> )  |  |   |   |       |   |  |  |           |    |
| 1.  |  | Additional Codes Optional:              |   |       | 2.  |  | 3.   |           | 4. |
| <b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels   |  |   |   |       |   |  |  |           |    |
| <b>8 ADVERTISED TO:</b> <input checked="" type="checkbox"/> Lawyers <input checked="" type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)  |  |   |   |       |   |  |  |           |    |
| <b>9 LIST ANY ADMISSION RESTRICTIONS:</b>   |  |   |   |       |   |  |  |           |    |
| <b>10 IN-HOUSE ACTIVITY INFORMATION</b> (See Local Rules for Applicability)<br>Open/Publicized to Outside Lawyers <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Outsiders are <u>2</u> % of Faculty & Clients are <u>30</u> % of audience<br>If not open, please specify reason: |  |   |   |       |   |  |  |           |    |
| <b>11 METHOD OF EVALUATION:</b> <input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:   |  |   |   |       |   |  |  |           |    |
| <b>12 MATERIALS DESCRIPTION</b>   |  |   |   |       |   |  |  |           |    |
| Total Pages: <u>20</u>  |  | <input type="checkbox"/> Loose leaf     |   |       | <input checked="" type="checkbox"/> Bound   |  | <input type="checkbox"/> No materials supplied |           |    |
| Distributed:  |  | <input type="checkbox"/> Before Program |   |       | <input checked="" type="checkbox"/> At Program  |  | <input type="checkbox"/> Other:                |           |    |
| <b>13 REQUIRED ATTACHMENTS TO THIS APPLICATION:</b>   |  |   |   |       | <b>APPLICANT INFORMATION</b> (please print)   |  |  |           |    |
| a. Time Schedule/Agenda (Brochure, Outline, Description)  |  |   |   |       | Sponsor Representative  |  |  |           |    |
| b. Table of Contents  |  |   |   |       | Name: Deb Ryan  |  |  |           |    |
| c. Faculty Description  |  |   |   |       | Title: Association Director   |  |  |           |    |
| d. Complete Set of Materials and Fees (Only in states where required)   |  |   |   |       | Complete the following if filed by individual attorney:   |  |  |           |    |
| <b>14 CREDITS REQUESTED:</b><br>Indicate minutes of instruction not including breaks, meals or introductions:   |  |   |   |       | Attorney Name:  |  |  |           |    |
| General/Substantive: <u>9 CLE</u>   |  |   |   |       | Address:  |  |  |           |    |
| Ethics: _____   |  |   |   |       | City: _____ State: _____ Zip: _____   |  |  |           |    |
| Substance Abuse: _____  |  |   |   |       | Contact Number:   |  |  |           |    |
| Other: _____  |  |   |   |       | Email:  |  |  |           |    |
| Total: _____  |  |   |   |       |   |  |  |           |    |
| <b>15 ACCREDITATION BY OTHER STATES:</b>  |  |   |   |       |   |  |  |           |    |
| GRANTED: California   |  |   |   |       |   |  |  |           |    |
| DENIED:   |  |   |   |       |   |  |  |           |    |
| <b>16 SUBMITTED BY:</b> <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer   |  |   |   |       | SIGN HERE   |  |  |           |    |
| Please Complete and sign Applicant Information →  |  |   |   |       | Date: 1.17.2017   |  |  |           |    |