

<b>APPLICATION TO THE STATE OF:</b>		<p align="center"><b>MCLE STATE NOTIFICATION OF ACCREDITATION</b></p> <p>To be completed by the MCLE State regulatory agency and returned to applicant.</p> <p>Course Number: _____ Date: _____</p> <p>The following action has been taken on this application:</p> <p><input type="checkbox"/> <b>APPROVED</b> for a total of _____ CLE credits Including _____ Ethics Credits</p> <p>Other Credit Breakdown: _____ (if applicable)</p> <p><input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.)</p> <p><input type="checkbox"/> <b>RETURNED</b> for the request of additional information. Please complete each item on the form as indicated by the numbers circled below.</p> <p align="center">1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p><input type="checkbox"/> <b>OTHER</b> Regulator Comments:</p>		
<b>1 SPONSORING ORGANIZATION INFORMATION</b>				
NAME				
ADDRESS				
CITY	STATE			ZIP
TELEPHONE	FAX			EMAIL
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b>				
<b>3 DATE(S)</b>		<b>LOCATION(S)</b>		
<b>4 REGISTRATION FEE:</b>				
<b>5 WRITING SURFACE AVAILABLE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>6 METHODS OF PRESENTATION:</b>				
<input type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Interactive Video <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Satellite <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Discussion Leader present		
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clereg.org/lawClassifications.asp">https://www.clereg.org/lawClassifications.asp</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 type="checkbox"/> All Levels				
<b>8 ADVERTISED TO:</b> <input type="checkbox"/> Lawyers <input 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)				
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:				
<b>11 METHOD OF EVALUATION:</b> <input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:				
<b>12 MATERIALS DESCRIPTION</b>				
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:				
<b>13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:</b>		<b>APPLICANT INFORMATION</b> (please print)		
a. Time Schedule/Agenda (Brochure, Outline, Description)		Sponsor Representative		
b. Table of Contents		Name:		
c. Faculty Description		Title:		
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>		Attorney Name:		
Indicate minutes of instruction not including breaks, meals or introductions:		Address:		
General/Substantive: _____		City: _____ State: _____ Zip: _____		
Ethics: _____		Contact Number:		
Substance Abuse: _____		Email:		
Other: _____				
Total: _____				
<b>15 ACCREDITATION BY OTHER STATES:</b>				
GRANTED:				
DENIED:				
<b>16 SUBMITTED BY:</b> <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer		SIGN HERE		
Please Complete and sign Applicant Information →		Date:		