

CLE^{reg} Uniform Application for Approval of Continuing Legal Education

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									
National Retail and Restaurant Defense Association - NRRDA									
ADDRESS									
STREET	8120 Lehigh Ave., Suite 100								
CITY	Morton Grove	STATE	IL	ZIP					
TELEPHONE	FAX	EMAIL							
847.324.7050	847.647.8940	info@nrrda.org							
2	TITLE OF EDUCATIONAL ACTIVITY								
NRRDA 2018 Annual Conference									
3	DATE(S)	LOCATION(S)							
3/1-2/2018		New Orleans, LA							
4	REGISTRATION FEE: \$695								
5	WRITING SURFACE AVAILABLE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
6	METHODS OF PRESENTATION:								
<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					
7	TYPE OF LAW CODE(S): (Available for review: https://www.clerg.org/resources/law-classifications)								
1.		Additional Codes Optional: 2	3.	4.					
DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels									
8	ADVERTISED TO: <input checked="" type="checkbox"/> Lawyers <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outsiders are <u>2</u> % of Faculty & Clients are <u>30</u> % of audience If not open, please specify reason:									
11	METHOD OF EVALUATION: <input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:								
12	MATERIALS DESCRIPTION								
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:									
13	REQUIRED ATTACHMENTS 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: <u>10CLE</u> Ethics: _____ Substance Abuse: _____ Other: _____ Total: _____				Attorney Name:					
				Address:					
				City: State: Zip:					
				Contact Number:					
				Email:					
15	ACCREDITATION BY OTHER STATES:								
GRANTED: <u>Louisiana</u>									
DENIED:									
16	SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input checked="" type="checkbox"/> Individual Lawyer			SIGN HERE					
Please Complete and sign Applicant Information →				Date: <u>2.16.18</u>					