

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.	
NAME		Course Number: _____ Date: _____	
ADDRESS		The following action has been taken on this application:	
STREET	<input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics Credits		
CITY	STATE	ZIP	Other Credit Breakdown: _____ (if applicable)
TELEPHONE	FAX	<input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.)	
2 TITLE OF EDUCATIONAL ACTIVITY		<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	
3 DATE(S)	LOCATION(S)		
4 REGISTRATION FEE:		<input type="checkbox"/> OTHER Regulator Comments:	
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"/> Interactive Video		<input type="checkbox"/> Satellite	
<input type="checkbox"/> Audio Presentation		<input type="checkbox"/> Videotape Presentation	
<input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Discussion Leader present	
<input type="checkbox"/> Live Web Cast		<input type="checkbox"/> Other:	
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 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 ATTACHMENTS TO THIS APPLICATION:		APPLICANT INFORMATION (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:	
14 CREDITS REQUESTED:		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: _____			
15 ACCREDITATION BY OTHER STATES:		SIGN HERE	
GRANTED:		Date:	
DENIED:			
16 SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer			
Please Complete and sign Applicant Information →			