

APPENDIX D

UNIFORM APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION ACTIVITY

To the State of _____

1. Name and address of organization providing or sponsoring the activity (not the name of person applying):

2. Phone number of provider/sponsor: (____) _____

3. Title of the educational activity: _____

4. Date(s) & location(s) _____

5. Registration fee: _____

6. Writing surface available? Yes No

7. Method(s) of presentation:

- faculty in room with participants telephone to broadcast site
 satellite/microwave audiotape presentation
 videotape presentation discussion leader present

8. Advertised to: Lawyers Other—specify: _____

9. List any admission restrictions: _____

10. "In-house activity" requirements (see local rules to determine applicability):
 open/publicized to outside lawyers outsiders are ____% of faculty

11. Method of evaluation: participant critique independent evaluator
 none other _____

12. Description of materials to be distributed: total pages _____ looseleaf bound
When are materials distributed? before program at program other _____

13. REQUIRED ATTACHMENTS to this application:
a. time schedule (brochure, course outline, course description)
b. table of contents or equivalent
c. faculty name(s) and credentials (if not in brochure or description)
d. complete set of materials (only in states where required)
14. Total minutes of instruction, not including breaks, meals or introductions:
General (non-ethics) _____
Ethics _____
Total _____

15. Approval by other states: Granted by _____
Denied by (state reasons) _____

16. Submitted by: employee of sponsor/provider * individual lawyer

SPONSOR'S OBLIGATIONS (does not apply to individual applicants): Sponsor acknowledges and agrees to comply with all applicable local rules and regulations.

NOTICE OF DECISION
(To be completed by the state office and returned to the applicant.)
The following action has been taken on this application:
 APPROVED for _____ CLE credits, including _____ ethics credits.
 ACCREDITATION DENIED. Reference _____
 RETURNED for more information.
Please complete each item on this form indicated by the number(s) circled below:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
 Please see attached materials.
Date _____ CLE Staff _____

Name of person applying (type or print) *RI Bar # Address Phone

Signature Date City/State/Zip