Clear Form

CLEreg Uniform Application for Approval of Continuing Legal Education

APPLICATION TO THE STATE OF:

MCLE STATE NOTIFICATION OF ACCREDITATION

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:

☐ **APPROVED** for a total of _____ CLE credits
Including _____ Ethics Credits

Other Credit Breakdown: _____
(if applicable)

☐ **NOT APPROVED**
(See comments below or additional information attached.)

☐ **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

☐ **OTHER**
Regulator Comments:

1 SPONSORING ORGANIZATION INFORMATION

NAME					
Kentucky Bar Association					
ADDRESS					
STREET	514 West Main Street				
CITY	Frankfort	STATE	KY	ZIP	40601
TELEPHONE	FAX	EMAIL			
502.564.3795	502.564.3225	tmarksbury@kybar.org			

2 TITLE OF EDUCATIONAL ACTIVITY

3 DATE(S) | **LOCATION(S)**

4 REGISTRATION FEE: Free to members

5 WRITING SURFACE AVAILABLE ☐ Yes ☐ No

6 METHODS OF PRESENTATION:

☐ Faculty in Room with Participants
☐ Interactive Video
☐ Audio Presentation
☐ Internet On-Demand (Interactive)
☐ Telephone to Broadcast Site
☐ Satellite
☐ Videotape Presentation
☐ Discussion Leader present
☐ Live Web Cast
☐ Other: On Demand

7 TYPE OF LAW CODE(S): (Available for review: https://www.clereg.org/resources/law-classifications)

1. | Additional Codes Optional: | 2 | 3. | 4.

DEGREE OF DIFFICULTY: ☐ Beginner ☐ Intermediate ☐ Advanced ☑ All Levels

8 ADVERTISED TO: ☑ Lawyers ☐ Clients ☐ Others (Specify/Indicate %)

9 LIST ANY ADMISSION RESTRICTIONS:

10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)

Open/Publicized to Outside Lawyers ☐ Yes ☐ No
Outsiders are _____ % of Faculty & Clients are _____ % of audience
If not open, please specify reason:

11 METHOD OF EVALUATION: ☑ Participant Critique ☐ Independent Evaluator ☐ None ☐ Other:

12 MATERIALS DESCRIPTION

Total Pages: _____ ☐ Loose leaf ☐ Bound ☐ No materials supplied
Distributed: ☐ Before Program ☐ At Program ☑ Other: PDF

13 REQUIRED ATTACHMENTS TO THIS APPLICATION:

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)

APPLICANT IN FORMATION (please print)

Sponsor Representative

Name: Terri Marksbury

Title: CLE Regulatory Coordinator

14 CREDITS REQUESTED:

Indicate minutes of instruction not including breaks, meals or introductions:

General/Substantive: _____
Ethics: _____
Substance Abuse: _____
Other: _____
Total: _____

Complete the following if filed by individual attorney:

Attorney Name:

Address:

City: State: Zip:

Contact Number:

Email:

15 ACCREDITATION BY OTHER STATES:

GRANTED: KY
DENIED:

16 SUBMITTED BY: ☐ Course Sponsor ☐ Individual Lawyer

Please Complete and sign Applicant Information →

SIGN HERE

Date: