



Oklahoma
Mandatory Continuing
Legal Education Commission

Uniform Application for Approval of Continuing Legal Education

This application should be submitted by a provider or an attendee to request that a program be considered for MCLE approval.

Applications submitted by the provider must include the required attachments and the \$50 application fee (made payable to the Oklahoma Bar Association). Applications should be submitted at least 45 days prior to the seminar.

Applications submitted by the attendee must include the required attachments and a \$15 application fee. Applications must be submitted the earlier of 90 days after the program or by December 31. Attendees should also obtain and submit documentation from the sponsoring organization verifying the member's attendance.

Please return the completed form to:

OKMCLE Commission
1901 N. Lincoln Blvd.
P.O. Box 53036
Oklahoma City, OK 73152

(405) 416-7009 or (800) 522-8065
e-mail: mcle@okbar.org



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Oklahoma Bar Association Mandatory Continuing Legal Education Requirements

APPLICATION FEES

Provider application fee - \$50 per program

Attorney/Attendee application fee - \$15 per program

1. Applications may be submitted by the regular mail or by email to mcle@okbar.org. Any application fees may be paid by phone after receipt of the completed application and the attachments.
2. Programs should be conducted substantially as advertised, subject to emergency substitutions or withdrawals.
3. Substantive written materials must be made available to all participants regardless of the delivery method.
4. For in-person programs, the program should be held in a comfortable physical setting, equipped with suitable writing surfaces.
5. All programs must deal primarily with matters related to the practice of law, professional responsibility or ethical obligations of attorneys.
6. For in-person programs, providers must conduct a sign-in of attendees at the beginning of the morning session. An additional sign-in before the afternoon and evening sessions is required for all in-state seminars.
7. For distance learning programs (ie. webcasts, webinars, video conferences, recorded programs), providers must have an acceptable method for verifying attendance. An attorney's personal attestation that the course was completed is not considered sufficient.
8. The provider must report attendance using the sponsor attendance reporting portal on the OK MCLE website, www.okmcle.org. Sponsors are allowed the earlier of 30 days or by Jan 10 of the following year to post credit. Providers should retain attendance information for 2 years.

GUIDELINES FOR CALCULATING CREDIT

One CLE credit will contain at least 50 minutes of instruction.

1. The following will not be counted for credit:
 - a. Breaks (meal, snack or coffee breaks)
 - b. Opening and closing remarks
 - c. Business meetings
 - d. Only actual attendance earns CLE credit.
2. To qualify for legal ethics credit, the legal ethics presentation must be clearly identified on the agenda. Subjects that qualify for legal ethics credit include legal ethics, professionalism, legal malpractice prevention, mental health and substance use disorders related to attorneys

Contact us

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P.O. Box 53036

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405-416-7009

mcle@okbar.org

Beverly Petry Lewis – MCLE Administrator

Johnny Floyd – Assistant MCLE Administrator

Laura Willis – MCLE Operations Associate



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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									
ADDRESS									
STREET									
CITY		STATE		ZIP					
TELEPHONE		FAX		EMAIL					
2 TITLE OF EDUCATIONAL ACTIVITY									
3 DATE(S)			LOCATION(S)						
4 REGISTRATION FEE:									
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"/> 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 type="checkbox"/> Discussion Leader present									
7 TYPE OF LAW CODE(S):									
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:									
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) e. Sponsor application fee - \$50 per program. f. Attorney/Attendee application fee - \$15 per program g. Explain attendance verification process for distance learning programs.			APPLICANT INFORMATION (please print)						
			Sponsor Representative						
			Name:						
			Title:						
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: Attorney Bar Number: Address: City: _____ State: _____ Zip: _____ Contact Number: Email:						
15 ACCREDITATION BY OTHER STATES:									
GRANTED:									
DENIED:									
16 SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer									
Please Complete and sign Applicant Information →									
			SIGN HERE						
			Date:						