

<b>APPLICATION TO THE STATE OF:</b>				<b>MCLE STATE NOTIFICATION OF ACCREDITATION</b>			
<b>1 SPONSORING ORGANIZATION INFORMATION</b>				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"/> <b>APPROVED</b> for a total of _____ CLE credits Including _____ Ethics Credits			
CITY		STATE		Other Credit Breakdown: _____ (if applicable)			
TELEPHONE		FAX		<input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.)			
		EMAIL		<input type="checkbox"/> <b>RETURNED</b> for the request of additional information. Please complete each item on the form as indicated by the numbers circled below.			
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b>				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16			
<b>3 DATE(S)</b>		<b>LOCATION(S)</b>		<input type="checkbox"/> <b>OTHER</b> Regulator Comments:			
<b>4 REGISTRATION FEE:</b>							
<b>5 WRITING SURFACE AVAILABLE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>6 METHODS OF PRESENTATION:</b>							
<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					
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clereg.org/lawClassifications.asp">https://www.clereg.org/lawClassifications.asp</a> )							
1.		Additional Codes Optional: 2.		3.		4.	
<b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels							
<b>8 ADVERTISED TO:</b> <input type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)							
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b>							
<b>10 IN-HOUSE ACTIVITY INFORMATION</b> (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:							
<b>11 METHOD OF EVALUATION:</b> <input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:							
<b>12 MATERIALS DESCRIPTION</b>							
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:	
<b>13 REQUIRED ATTACHMENTS TO THIS APPLICATION:</b>				<b>APPLICANT INFORMATION</b> (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)							
e. Sponsor application fee - \$50 per program.							
f. Attorney/Attendee application fee - \$15 per program							
<b>14 CREDITS REQUESTED:</b>				Complete the following if filed by individual attorney:			
Indicate minutes of instruction not including breaks, meals or introductions:				Attorney Name:			
General/Substantive: _____				Attorney Bar Number:			
Ethics: _____				Address:			
Substance Abuse: _____				City: _____ State: _____ Zip: _____			
Other: _____							
Total: _____							
<b>15 ACCREDITATION BY OTHER STATES:</b>				Contact Number:			
GRANTED:				Email:			
DENIED:				SIGN HERE			
<b>16 SUBMITTED BY:</b> <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer				Date:			
Please Complete and sign Applicant Information →							

**OKLAHOMA BAR ASSOCIATION  
MANDATORY CONTINUING LEGAL EDUCATION REQUIREMENTS**

**APPLICATION FEES**

Sponsor application fee - \$50 per program

Attorney/Attendee application fee - \$15 per program

- a. Conduct the program substantially as advertised, subject to emergency substitutions and withdrawals.
- b. Distribute thorough, high quality, readable and carefully prepared written materials to participants.
- c. Conduct the program in a comfortable physical setting, equipped with suitable writing surfaces.
- d. The program must deal with matters related to the practice of law, professional responsibility or ethical obligations of attorneys. Ethics segments must be clearly designated on the agenda before credit can be given.
- e. Conduct a sign-in of attendees at the beginning of the morning session for seminars held out-of-state. An additional sign-in before the afternoon and evening sessions is required for all in-state seminars.
- f. A list of Oklahoma Bar Association member attendees must be sent to the OK MCLE office within 30 days after the program using the required electronic format. A copy of the attendance list should also be retained by the sponsor for two years. Additional instructions for attendance reporting will be provided when the course is approved.

**THE PROGRAM SPONSOR ACKNOWLEDGES THAT FAILURE TO ADHERE TO THIS AGREEMENT IS GROUNDS FOR DISAPPROVAL OF THE ACTIVITY.**

**GUIDELINES FOR CALCULATING CREDIT**

1. An instructional hour will in all events contain at least fifty (50) minutes.
2. The following may not be counted for credit:
  - a. coffee breaks
  - b. opening or closing remarks
  - c. meal breaks
  - d. business meetings
3. The hours of credit merely reflect a maximum that may be earned through attendance. Only actual attendance by the attorney earns credit.
4. Legal ethics must be clearly identified on the program agenda for a specific period of time.

**COMPLETED FORMS AND GENERAL CORRESPONDENCE SHOULD BE DIRECTED TO:**  
MCLE Commission, Oklahoma Bar Association, P.O. Box 53036, Oklahoma City, OK 73152.

Questions? 405/416-7009 or [mcle@okbar.org](mailto:mcle@okbar.org)

Beverly Petry Lewis – MCLE Administrator  
Johnny Floyd – Assistant MCLE Administrator  
Jan Thompson – MCLE Receptionist/Assistant