

OKLAHOMA BAR ASSOCIATION

APPLICATION TO REQUEST A WAIVER OF THE EDUCATIONAL REQUIREMENTS OF MANDATORY CONTINUING LEGAL EDUCATION

NOTICE OF DECISION <input type="checkbox"/> Request Granted <input type="checkbox"/> Request Denied  Date _____
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Name of Member \_\_\_\_\_ OBA Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of person submitting application, if different from above. \_\_\_\_\_

Relationship to member. \_\_\_\_\_ Date of this Application \_\_\_\_\_

Year for which waiver is requested \_\_\_\_\_. Request is for \_\_\_\_ Full or \_\_\_\_ Partial Waiver.

If partial waiver, indicate the total credit carried forward \_\_\_\_ Legal ethics included in total \_\_\_\_

and/or total credit earned in the current year \_\_\_\_ Legal ethics credit included in total \_\_\_\_

Reason for Request \_\_\_\_ Medical \_\_\_\_ Moved \_\_\_\_ Other.

**--IF MEDICAL REQUEST,**

Please describe below including the onset and nature of illness, infirmity or disability and expected length of recovery. Attach additional pages as needed.

**\*\* A Doctors' statement must accompany this application setting forth the nature of the illness, infirmity or disability the onset and expected length of recovery.\*\***

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**--IF YOU MOVED FROM OKLAHOMA,**

Date you left the practice of law in Oklahoma. \_\_\_\_\_

Did you handle or are you currently handling any Oklahoma cases since that date? \_\_\_\_\_

Do you currently expect to return to the practice of law in Oklahoma in the year for which the waiver is sought? \_\_\_\_

If yes, please explain. \_\_\_\_\_

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**--IF YOU RETURNED TO OKLAHOMA,**

Date you returned to the practice of law in Oklahoma. \_\_\_\_\_

Do you have any CLE credit earned in another State which might qualify for credit in Oklahoma? \_\_\_\_\_

If yes, please complete and submit copies of the Uniform Application for Accreditation for each program.

**If your reason for requesting a waiver is not listed above or you need to provide additional information, please attach additional pages.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Please return completed form to:  
Beverly S. Petry, MCLE Administrator  
P.O. Box 53036  
Oklahoma City, OK 73152

phone 405-416-7009  
fax 405-416-7001  
e-mail beverlyp@okbar.org