

**WV MCLE COMMISSION
FORM A - COURSE APPROVAL**

1. Name & Address of Member Seeking Approval

Name: _____

Firm/Office: _____

Street: _____

City State Zip: _____

2. Attorney Telephone: _____ **Attorney Fax:** _____

Attorney e-mail: _____

3. Name of course, course sponsor and sponsor's address & telephone number:

If a brochure is submitted with your request, no answers are need for questions 4-7

4. Purpose of the course:

5. Course Schedule (including individual topics to be addressed along with date and location)

6. Faculty (including names and professional education/background)

7. Total number of hours of instruction

I certify that the information contained on this application form is true, to the best of my knowledge.

Signature _____

Important Note: This form is not needed if the seminar is offered by a presumptively-accredited provider.

Mail to: MCLE Commission, The West Virginia State Bar
2006 Kanawha Blvd E, Charleston, WV 25311-2204.

Telephone Number of MCLE Commission 304/558-7992 -- Fax Number 304/558-2467

NOTICE OF DECISION FROM MCLE COMMISSION

The following action has been taken on this application:

Approved for MCLE credit in WV.

Credits may be determined by the following formula: *One credit earned for each fifty minutes of actual instruction. (Please do not include introductory/closing remarks, breaks, luncheon/dinner speeches, business meetings, etc.)*

Credits should be reported on Form C or a Certificate of Attendance or online.

Date _____

MCLE Coordinator _____

Send Comments to MCLE Coordinator Hope Gresham: greshamh@wvbar.org

The West Virginia State Bar

2006 Kanawha Boulevard, East - Charleston, WV 25311-2204

Phone: (304) 558-2456 - Fax: (304) 558-2467 - WV Toll Free: 866-989-8227

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URL: http://www.wvbar.org#CGI.SCRIPT_NAME#