

1. Sponsoring Organization (Name, Mailing Address):
Name: _____
Address: _____

Phone: _____ Fax: _____
E-mail: _____
2. Title of educational activity: _____
3. Date(s) and locations(s): _____
4. Registration fee: _____
5. Writing surface available: _____
6. Delivery Method(s): ____ faculty in room with participants; ____ telephone to broadcast site; ____ interactive video; ____ satellite; ____ audiotape presentation; ____ videotape presentation;
____ interactive computer/internet; ____ discussion leader present
7. Advertised to: ____ Lawyers; ____ Clients; ____ Others (specify, list %): _____
8. List any admission restrictions: _____
9. "In-house activity" requirement (see local rules to determine applicability):
____ open/publicized to outside lawyers; ____ outsiders are ____% of faculty;
____ clients are ____% of audience
10. Method of evaluation: ____ participant critique; ____ independent evaluator; ____ none;
____ other _____
11. Description of materials to be distributed: total pages _____ looseleaf; ____ bound
Distributed: ____ Before Program; ____ At program; ____ Other _____
12. REQUIRED ATTACHMENTS to this application:
 - a. time schedule (brochure, course outline, course description)
 - b. table of contents or equivalent
 - c. faculty name(s) and credentials (if not in brochure or description)
 - d. \$50 fee for each application (payable to the WV State Bar)

13. Total **MINUTES** of instruction, not including breaks, meals, or introductions/closing remarks:

GENERAL (non-ethics): _____
 Ethics (minutes): _____
 Substance Abuse (minutes): _____
 Office Management (minutes): _____
 Elimination of Bias (minutes): _____
 TOTAL MINUTES: _____

14. Approval by other states:

Granted by: _____
 Denied by: _____

15. Submitted by ____ employee of sponsor/provider; ____ individual lawyer

SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with all local rules and regulations provided on The West Virginia State Bar website - www.wvbar.org.

Sponsor/Attorney: _____
 Signature: _____
 Title: _____
 Date: _____

STATE ACCREDITATION OFFICE DECISION (To be completed by the state accreditation office and returned to applicant)

____ **RETURNED** for more information. Please complete each item on the form indicated by the number(s) circled below: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
 ____ **APPROVED** for _____ MCLE credits, including _____ Ethics/Office Mgmt/Substance Abuse/Elimination of Bias Credits
 ____ **DENIED** Reference _____
 ____ **SEE ATTACHED MATERIALS**

Date: ____/____/____ CLE Staff _____