

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

Phone: _____ Fax: _____
E-mail: _____
2. Title of educational activity: _____
3. Date(s) and location(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 _____