



New York State Continuing Legal Education Board

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Fax: (212) 428-2974 • Web site: www.nycourts.gov/attorneys/cle • E-mail: cle@courts.state.ny.us

APPLICATION FOR APPROVAL OF A NONTRADITIONAL FORMAT

A CLE sponsor must seek CLE Board approval for any nontraditional format in which it wishes to present CLE programs.

SPONSORING ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

_____ FAX: _____

CONTACT PERSON: _____ E-MAIL: _____

(I) NONTRADITIONAL FORMAT FOR WHICH YOU ARE SEEKING APPROVAL (please submit a separate application for each format):

LIVE

- Teleconference
- Videoconference
- Videoconference for newly admitted attorneys (fully interactive)
- Webconference (interactive)
- Live Broadcast (no interactivity with remote participants, e.g., telecast, webcast)
- Other (please specify): _____

BRIEFLY DESCRIBE THE TECHNOLOGY _____

INTERACTION WITH REMOTE AUDIENCE DURING PROGRAM? YES NO
IF YES, VIA TELEPHONE LINE VIDEOCONFERENCING EQUIPMENT
 E-MAIL OTHER _____

IF VIDEOCONFERENCE, CAN EVERY PARTICIPANT IN EVERY LOCATION SEE
AND HEAR ANY PARTICIPANT IN ANY LOCATION WHO ASKS A QUESTION?
 YES NO

PRERECORDED

- (Sample must be submitted with this application, if possible)
- Audio CD Video CD
 - Audio File (MP3, podcast, etc.) DVD
 - Videotape (VHS) Video File (vodcast, etc.)
 - Online (including archived recorded programs) please specify: _____

Other (please specify): _____

SAMPLE SUBMITTED **or**
 PASSWORD AND INSTRUCTIONS FOR ONLINE ACCESS
ATTACHED

IF NEITHER, PLEASE EXPLAIN AND BRIEFLY DESCRIBE
THE TECHNOLOGY _____

(II) METHOD OF PRESENTATION: GROUP PARTICIPATION and/or SELF-STUDY (INDIVIDUAL PARTICIPATION)

(III) ATTENDANCE VERIFICATION PROCEDURES: PLEASE DESCRIBE THE PROCEDURES YOU WILL USE TO VERIFY THAT AN ATTORNEY HAS COMPLETED THE PROGRAM IN THIS FORMAT. IF YOU ARE SEEKING APPROVAL FOR GROUP AND SELF-STUDY PARTICIPATION, DESCRIBE THE VERIFICATION PROCEDURES FOR BOTH. ATTACH ANY FORMS ASSOCIATED WITH YOUR VERIFICATION PROCEDURES (E.G., SIGN-IN SHEET, ATTORNEY AFFIRMATION WITH VERIFICATION CODE(S), SAMPLE QUIZ, ETC.).

FOR A PRERECORDED FORMAT WHERE A CODE IS USED FOR VERIFICATION OF COMPLETION, PLEASE PROVIDE THE CODE(S) FROM THE SAMPLE PROGRAM YOU ARE SUBMITTING AND ITS LOCATION (e.g., CODE 36tk73 located at 42:14 of TAPE 1). PLEASE NOTE THAT, AT A MINIMUM, A SEPARATE CODE SHOULD APPEAR and/or BE ANNOUNCED APPROXIMATELY EVERY 50 MINUTES DURING A PROGRAM.

CODE _____ located at _____ IF MULTIPLE CODES, PLEASE PROVIDE ADDITIONAL CODES BELOW:

CODE 2 _____ located at _____ CODE 4 _____ located at _____

CODE 3 _____ located at _____ CODE 5 _____ located at _____

(IV) PLEASE DESCRIBE HOW WRITTEN MATERIALS AND EVALUATION QUESTIONNAIRES WILL BE DISTRIBUTED FOR PROGRAMS PRESENTED IN THIS FORMAT:

Provider acknowledges and agrees to comply with all Program Rules and CLE Board Regulations and Guidelines, and certifies that the above information (including all attachments) is true.

PROVIDER REPRESENTATIVE AND TITLE

SIGNATURE

DATE