



New York State Continuing Legal Education Board

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APPLICATION FOR ACCREDITATION OF AN INDIVIDUAL COURSE ACTIVITY

SPONSORING ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

TITLE OF COURSE: _____

DATE(S) OF COURSE: _____

LOCATION(S) OF COURSE: _____

TRANSITIONAL (for attorneys admitted less than two years) **AND/OR**

NONTRANSITIONAL (for experienced attorneys)

HAS THIS COURSE BEEN APPROVED FOR CLE CREDIT IN OTHER STATES?

NO YES If so, by which state(s)? _____

REGISTRATION FEE: _____

PLEASE DESCRIBE THE ORGANIZATION'S FINANCIAL AID POLICY AND PROCEDURES. INCLUDE THE SPECIFIC APPLICATION PROCEDURES AND THE ELIGIBILITY REQUIREMENTS FOR SUCH AID. PROVIDER APPLICATIONS THAT DO NOT INCLUDE A FINANCIAL AID POLICY FOR COURSES OFFERED FOR A FEE ARE INELIGIBLE FOR CLE BOARD REVIEW (attach additional sheets if necessary):

REQUIRED ATTACHMENTS: Please submit an original and one copy* of the completed application and supporting materials. Please check each item on the list below to verify that it is enclosed (incomplete applications will be returned):

- timed agenda or timed outline of course
- brochure or advertisement (if not available, provide course description)
- faculty name(s) and credentials, including educational background/degrees
- complete set of written materials distributed for the course
- total hours of CLE instruction (based on a 50-minute hour, not including breaks, meals or introductions)
- breakdown of CLE credit hours into the applicable categories: *Ethics and Professionalism, Skills, Law Practice Management, Areas of Professional Practice*
- audience to which the course is directed and advertised
- admission restrictions, if any
- description of method of evaluating the course (participant critique, independent evaluation, etc.)
- method of presentation (faculty in room with participants, audiotape, videotape, CD-ROM, video replay, teleconference, online, etc.)
- attendance verification procedures for each format
- sample of each nontraditional format (audiotape, CD, videotape, online access, etc.)

SUBMITTED BY: PROVIDER REPRESENTATIVE INDIVIDUAL ATTORNEY/ATTENDEE (attach your contact information and proof of your attendance)

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

PROVIDER REPRESENTATIVE AND TITLE *or* INDIVIDUAL ATTORNEY/ATTENDEE'S NAME

SIGNATURE

DATE

* You may be required to submit up to four (4) additional copies.