

**Activity Approval Application
Minimum Continuing Legal Education**

The State Bar of California
Office of Special Admissions and Specialization
180 Howard Street
San Francisco, CA 94105-1639
(415) 538-2100

For Office Use Only

Appl. #: _____

Prov. #: _____

___ \$75 ___ \$150 ___ \$225 ___ \$300

___ Return to complete

Date: _____

A \$75 non-refundable fee must accompany this application. Please complete both pages.

PLEASE READ THE INFORMATION IN THIS BOX: If your activity meets the criteria below, you do not need to fill out this form.
California Bar members may claim CLE credit if:

1. Your activity is held "live" outside California and is NOT transferred electronically to California, offered for downloading or viewing on the Internet, or for sale as a tape, CD, DVD, document(s), or any other acceptable format.
2. Your activity is approved for MCLE credit (including any subfield credit) by an "Approved Jurisdiction." (For a list of approved jurisdictions please go to our Web site www.calbar.ca.gov and click on the following links: mcle > provider information > approved jurisdictions.)

IMPORTANT: COMPLETION OF THIS FORM DOES NOT CONSTITUTE MCLE APPROVAL FOR YOUR EDUCATION ACTIVITY. IF GRANTED, APPROVAL WILL BECOME EFFECTIVE ON THE DATE SET FORTH IN THE NOTIFICATION OF APPROVAL.

NAME AND ADDRESS OF PROVIDER:

TYPE OF PROVIDER:

(check one box that best describes your organization)

- | | |
|--|--|
| <input type="checkbox"/> CA District Atty Assn. | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Corporate Counsel | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Non-Legal Professional Assn | <input type="checkbox"/> Commercial Educator |
| <input type="checkbox"/> Professional Assn | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> CA Public Defender Assn | <input type="checkbox"/> Local Bar Assn. |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> State Bar |
| <input type="checkbox"/> Other (describe): _____ | |

Contact Person: _____

E-mail: _____

Telephone: () _____

Fax: () _____

ACTIVITY:

Title of activity: _____

Date(s) and location(s): _____

Total minutes of instruction (minus breaks or meals) _____ divided by 60 and rounded to nearest quarter hour = _____

REQUIRED ATTACHMENTS:

- Time schedule/agenda Faculty name and credentials Topics and descriptions

Delivery methods (check all that apply):

- Faculty in room with participants
 Online: Interactive computer/internet
 Telephone to broadcast site

- Interactive CD/DVD/Video
 Self-study/self-assessment test
 Other (describe): _____

Description of written materials for attendees:

- NONE
 YES (Substantive written materials are required if activity is more than one hour)
Distributed: Before program At program

CONTINUE →

Method of Evaluation:

CA MCLE evaluation form (participant critique)

Independent evaluation (Attach sample)

If retroactive approval is sought:

Number of attendees: _____

% of Attorneys in attendance: _____

How does this activity relate to legal subjects and otherwise comply with Section 7.1 of the MCLE Rules and Regulations?

SUBFIELD CREDITS - List any hours that were spent on specific subject matter areas described in Section 7.1 of the MCLE Rules and Regulations. **Attach short description to support any subfield credits.**

Legal ethics: _____

Elimination of bias: _____

Substance abuse: _____

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ATTESTATION:

- Provider acknowledges that approval for this activity may be revoked for non-compliance with the MCLE Rules and Regulations, and amendments thereto, for failure to comply with the agreements and certifications contained in this form.
- Provider certifies that education activity meets the standards specified in Section 7.1 of the MCLE Rules and Regulations.
- Provider agrees to comply with all the requirements specified in Section 7.2 of the MCLE Rules and Regulations.
- Provider agrees to comply with all other MCLE Rules applicable to providers that are promulgated by the State Bar of California.
- If provider uses promotional materials prior to activity approval, provider agrees to specify in all such materials that application for activity approval is pending and to advise all participants as soon as possible whether or not activity approval is granted.

I HAVE READ THE FOREGOING ANSWERS AND STATEMENTS ON THIS FORM AND ANY ATTACHMENTS TO IT AND KNOW THE CONTENTS THEREOF, AND THE SAME IS TRUE OF MY OWN KNOWLEDGE, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING AND ANY ATTACHMENTS TO IT ARE TRUE AND CORRECT.

Provider Name: _____ By: _____
(Print name and title)

Date: _____ Signature: _____
(Must be an original signature)

CHECKLIST:

- Application completed
- Time schedule/agenda attached
- \$75 check included
- Application is signed and dated

The application will be returned if unsigned, undated, or incomplete.