

State of Vermont MCLE Program, 2418 Airport Road, Suite 2, Barre, VT 05641
APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION ACTIVITY
Substantiating information must be attached to be able to review for credit.

No fee is required with the application, unless submitted more than 30 days after the CLE activity.

1. Sponsoring organization: _____
Complete Address: _____
Tel: _____ Fax: _____ Email: _____

2. Title of Program: _____

3. Date(s) and location(s): _____

4. Registration fee: _____ 5. Writing surface available? Yes No

6. Type: Live OR Self-study [Interaction in real time required to be considered "live"]
 faculty in room with participants discussion leader present videotape audiotape
 on-line computer satellite telephone CD/ DVD Other _____

7. Target Audience: Lawyers; Clients; Others (specify); _____

8. List any admission restrictions: _____

9. "In-house activity": (Matters pending in the firm/agency are not eligible for CLE credit)

Number of attorneys excluding presenter: _____

10. If the program does not cover a recognized legal topic, attach a statement of how this course relates to your practice.

11. Description of materials: Printed Total pages _____ CD/DVD Other _____

12. REQUIRED ATTACHMENTS to this application:

- a. Program time schedule or agenda (times are required to compute approvable credit hours)
- b. Table of contents or equivalent
- c. Faculty names (s) and credentials (if not in brochure or description)
- d. Late fee of \$50 (if more than 30 days after event) Checks payable to Vermont MCLE Board

13. Total minutes of instruction, not including breaks, meals, keynote speeches or introductions:

General _____

Ethics _____

Total _____

This form cannot be used to apply for professionalism credit.
See the FAQ on our website at
<http://www.vermontjudiciary.org/LC/cle.aspx> for that process.

14. Approval by other states: _____ Granted by _____
Denied by _____

15. Submitted by: employee of sponsor/provider **OR** individual lawyer

SPONSOR OBLIGATION: Sponsor acknowledges and agrees to comply with all Vermont Rules and Regulations.

Sponsor Rep. _____

Title _____

Signature _____

Date _____

Attorney Name _____

Address _____

Telephone _____

Email _____

Signature _____

Date _____