



**VERMONT SUPREME COURT
BOARD OF BAR EXAMINERS
CHARACTER & FITNESS COMMITTEE**

Application for Accreditation of Continuing Legal Education Activity

Instructions:

- **To review for credit, you must attach:**
 - Program time schedule or agenda (*times are required to compute approvable credit hours*)
 - Table of contents or equivalent
 - Faculty name(s) and credentials (*if not in brochure or description*)
- No fee is required with the application **unless** submitted more than 30 days after the CLE activity
 - If this submission is being made more than 30 days after the CLE activity, include a check for late fee of \$50, made payable to Vermont MCLE Board, 32 Cherry St., Suite 213, Burlington VT 05401
- If the program does not cover a recognized legal topic, attach a statement of how this course relates to your practice
- Please allow 3 weeks for processing

Sponsoring Organization: _____
 Address: _____ City/State/Zip: _____
 Telephone/Fax: _____/_____ Email Address: _____

Title of Program: _____
 Date/Location: _____/_____

Registration Fee: \$ _____ Writing Surface Available? Yes No

Type: Live (*Interaction in real time required to be considered 'live'*) Self-Study
 Faculty in room with participants Discussion leader present Videotape Audiotape
 On-line computer Satellite Telephone CD/DVD
 Other _____

Target Audience: Attorneys Clients Other(*specify*): _____

List any admission restrictions: _____

'In-House Activity' (*matters pending in the firm/agency are not eligible for CLE credit*)

Number of attorneys (*excluding presenter*): _____

Description of Materials: Printed - Total Pages _____ CD/DVD Other _____

Total minutes of instruction (*do not include breaks, meals, keynote speeches or introductions*)

General: _____ Ethics: _____ Total: _____

Title: _____

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

Submitted by:

Employee of Sponsor/Provider

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

Sponsor Representative: _____

Date: _____ Signature: _____

Individual Attorney

Attorney Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email Address: _____