



**VERMONT SUPREME COURT  
OFFICE OF ATTORNEY LICENSING  
BOARD OF MANDATORY CONTINUING LEGAL EDUCATION**

**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: \_\_\_\_\_