

**UNIFORM APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION
STATE OF MAINE**

Please note: Approved Providers must submit a non-refundable \$35 application fee at time of application. Non-approved Providers must submit a non-refundable \$45 application fee at time of application. Course approval requests by individual attorneys for any non-approved course that charges a registration fee must include a non-refundable \$25 application fee. There is no application fee for courses that do not charge a registration fee. Thank you.

1. Sponsoring Organization:

Name:
Address:

Telephone: () Fax: ()
E-mail:

2. Title of educational activity:

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

4. Registration fee: Yes \$ _____ No

5. Writing surface available? Yes No

6. Delivery method(s): faculty in room with participants; teleconference; webcast; satellite; audiotape presentation;
 videotape presentation; video conference; digital media; other _____; discussion leader present

7. Type of Law code(s): 1. _____ 2. _____ (Optional) 3. _____ (Optional)

8. Advertised to: Lawyers Clients Others (specify):

9. List any admission restrictions:

10. In-house activity (not advertised to outside lawyers): Yes No

11. Method of evaluation: participant critique independent evaluator none

12. Description of materials to be distributed: looseleaf bound number of pages _____

13. Required attachments to this application:

- a. time schedule (brochure, course outline, course description)
- b. table of contents or equivalent
- c. faculty names and credentials
- d. fees (sponsors see below)

14. Total minutes of instruction, not including breaks, meals or introductions:

General (non-ethics) _____

Ethics (minutes) _____

TOTAL: _____

15. For individual attorneys requesting CLE teaching/instruction credit:

Total minutes of instruction: _____ Written materials provided? Yes, number of pages _____ No

Total minutes of attendance (non-instruction time): _____

16. Approval by other states: Granted by:
Denied by :

17. Submitted by: sponsor/provider individual lawyer Signature: _____ Date: _____

**STATE ACCREDITATION OFFICE NOTICE OF
DECISION (to be completed by state accreditation
office and returned to applicant)**

COURSE NO: _____

**The following action has taken place on this
application:**

___ **APPROVAL DENIED** (see attached)

___ **RETURNED** for more information as
indicated.

___ **APPROVED** for _____ CLE credits,

including _____ Ethics credits.

Self-study/in-house CLE only.

CLE Staff:

Date:

SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with all local rules and regulations as defined in M. Bar R. 12, which can be viewed on our website at www.mebaroverseers.org.