

SELF-STUDY CREDIT ONLY

Utah State Board of
CONTINUING LEGAL EDUCATION
 Utah Law and Justice Center
 645 South 200 East
 Salt Lake City, UT 84111-3834
 Telephone (801)531-9077 Fax (801)531-0660

**APPLICATION BY A MEMBER OF THE
 UTAH STATE BAR FOR ACCREDITATION
 OF APPROVED CLE AUDIO AND VIDEO PRESENTATIONS,
 COMPUTER INTERACTIVE TELEPHONIC PROGRAMS
 AND WEB CASTS**

Please Note: The program must deal with subject matter directly related to the practice of law.

1. Name of attorney: _____
2. Utah State Bar Membership Number: _____
 Telephone: (____) _____
3. Address: _____






4. Name of Video or Tape Producer: _____
5. Date of Presentation: _____
6. Date: _____ Location: _____
7. Expected Attendance: _____
8. The Attorney's calculation of the requested number of (a) Total Credit Hours and (b) Portion of Total Credit Hours devoted to Ethics\Professional Responsibility (c) Portion of Total Credit Hours devoted to Professionalism & Civility:
 (a) Total Credit Hours _____ (b) Ethics\Professional Responsibility Hours _____
 (c) Professionalism & Civility _____
9. **THE REQUIRED NON-REFUNDABLE SPECIAL ACCREDITATION FEE IS \$10.00 AND SHOULD ACCOMPANY THIS APPLICATION.**
10. The attorney represents that to his or her knowledge this CLE activity (a) complies with the Utah State Board of CLE Rules and Regulations including any amendments thereto; and (b) has not been previously disapproved by the MCLE Board. The attorney acknowledges that approval of this CLE activity may be declined or revoked for noncompliance of the Rules and Regulations or for the failure of the Attorney to comply with the agreements and representations contained in this request.

Attorney's Signature: _____ Date: _____

NOTICE OF DECISION

(To be completed by the state accreditation office and returned to applicant)

The following action has been taken on this application.

-  **APPROVED** for _____ CLE Credits, including _____ Ethic Credits, _____ Professionalism & Civility
-  **ACCREDITATION DENIED.**
Reference
-  **RETURNED** for more information. Please complete each item on this form indicated by the number(s) circled below:
1 2 3 4 5 6 7 8 9 10 11 12 13
-  **REFERRED** to CLE regulatory meeting on ____/____/____
-  Please see attached materials.
Date _____ CLE Staff

Note: A maximum of twelve hours of self-study CLE credit allowed each two-year compliance period.