

# SELF-STUDY CREDIT ONLY

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

**APPLICATION FOR WRITING ACCREDITATION**  
**SUBMIT A COPY OF THE WRITTEN WORK-PRODUCT**  
**WITH THIS FORM**

1. Name of Attorney:
2. Utah State Bar Membership Number: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_
3. Address:  
**E-mail address**
4. Title of Article\*: \_\_\_\_\_

**Note:** A maximum of twelve hours of self-study CLE

5. Publication Date: \_\_\_\_\_
6. Name of Publisher:
7. Is written work personally authored by applicant? Yes \_\_\_ No \_\_\_ (if "no" explain)  
\_\_\_\_\_

8. Is written work co-authored? Yes \_\_\_ No \_\_\_ (if "yes" describe clearly the portion which are attributable to the applicant, citing pages, sections or paragraphs)

9. Calculations of Credit Hours:  
Total words of article \_\_\_\_\_ 3000 X 3 = \_\_\_\_\_ Total Credit  
Ethics\Professional Responsibility Hours \_\_\_\_\_ Professionalism & Civility \_\_\_\_\_

10. **THE REQUIRED NON-REFUNDABLE SPECIAL ACCREDITATION FEE IS \$10.00 AND SHALL ACCOMPANY THIS APPLICATION.**

11. The author represents that to his or her knowledge this CLE activity (a) complies with the Utah MCLE Rules and Regulations including any amendments thereto, and (b) has not been previously disapproved by the Utah MCLE Board. The author acknowledges that the requested credit for this written work product may be rejected in whole or partly by the Utah State Board of Continuing Legal Education.

Attorney's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*(include name of article and periodical in which it appeared; if chapter, include name of book in which it appeared.)

**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

**You will receive a notice of decision within 4-6 weeks**

credit allowed each two-year compliance period.