

FORM 4

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
Email mcle@utahbar.org

**APPLICATION BY A MEMBER OF THE UTAH STATE BAR FOR
ACCREDITATION OF A CLE ACTIVITY**

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: _____
3. Telephone: () _____
4. **E-mail address:** _____
5. Address: _____

6. Name of CLE Sponsor: _____
7. **Title of CLE Activity:** _____
8. **Date:** _____ **Location:** _____
9. Registration Fee: \$ _____

10. The Attorney's calculation of the requested number of (a) Total Credit Hours (b) Portion of Total Credit Hours devoted to Ethics\Professional Responsibility (c) Portion of Total Credit Hours devoted to Professionalism & Civility. * Ethics Hours are included in Total Credit Hours.

- (a) Total Credit Hours: _____
- (b) Ethics\Professional Responsibility Hours: _____
- (c) Professionalism & Civility: _____

11. Is the program accredited for CLE in other states? Yes _____ No _____ Please specify which states: _____

12. Submit with this Application the following information:

- a. A brochure and or other outline that
 - (1) Describes the course contents
 - (2) States the purpose of the course
 - (3) Identifies the faculty and states their qualifications
 - (4) Lists the topics by title
 - (5) Shows the time schedule for each topic

b. A copy of any other materials that show why this CLE activity meets the accreditation standards contained in the Utah State Board of CLE Rules and Regulations.

13. **The Required Non-Refundable Special Accreditation Fee Is \$10.00 And Shall Accompany This Application**

14. 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.

- G **APPROVED** for _____ CLE Credits, including _____ Ethics Credits _____ Professionalism & Civility
- G **ACCREDITATION DENIED.** Reference _____
- G **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
- G **REFERRED** to CLE regulatory meeting on _____ / _____ / _____
- G Please see attached materials. Date _____ CLE Staff _____

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