

FORM 5

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 APPROVED CLE AUDIO AND VIDEO
PRESENTATIONS, COMPUTER INTERACTIVE TELEPHONIC
PROGRAMS AND WEB CASTS**

SELF-STUDY CREDIT ONLY

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. Address: _____

5. **E-mail address:** _____

6. Name of CLE Producer: _____

7. Title of CLE Activity: _____

8. Date of Original Presentation: ____ / ____ / ____

9. Date Presentation was Viewed: ____ / ____ / ____ Location: _____

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:

(a) Total Credit Hours _____

(b) Ethics\Professional Responsibility Hours _____

(c) Professionalism & Civility _____

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

12. 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 _____ Ethics 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

REFERRED to CLE regulatory meeting on ____ / ____ / ____

Please see attached materials.

Date ____ / ____ / ____

CLE Staff _____

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

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