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MCLE FORM 2: Group CLE Activity Accreditation Application

Instructions: Pursuant to MCLE Rule 4.2(d), sponsors of Group CLE Activities must apply for accreditation no later than 30 days after the completion of the CLE activity. There will be a $40 late fee for applications received after this deadline. (See MCLE Reg. 4.3(d).)

Individual bar members may apply for accreditation of a Group CLE Activity, free of charge, using this form. If you are submitting this application on behalf of an OSB section, your signature will be deemed authorization for a transfer of funds from the section account to the OSB MCLE account in the amount of the required sponsor fee.

The sponsor fee is $40 for a program of 4 or fewer hours and $75 for a program of more than 4 hours. The sponsor fee for a series of programs not exceeding 3 hours in 3 consecutive months is $40. A sponsor fee is required for each repeat live presentation of a program. (See MCLE Rule 4.3(c).)

Name and address of person or organization applying:

Applying as *(check one)*:
☐ Sponsor
☐ Individual Member
Bar # ☐☐☐☐☐☐

Phone: | Email: | Contact Person (Sponsors only):

Title of CLE Activity:

Name of CLE Sponsor *(if not the applicant)*: | Phone:

Date(s) and Location(s) of CLE Activity
Date(s) Location(s) (city/state)

Number of credits requested:

General:	Abuse Reporting:	Access to Justice:	* Bus Dev Mktg:
* Pers Mgmt Asst:	Practical Skills: OR specific? ☐Yes ☐No	Prof Resp / Ethics: OR specific? ☐Yes ☐No	MHSU: Mental Health/ Substance Abuse

Delivery method(s):
☐ faculty in room with participants ☐ teleconference
☐ interactive videoconference ☐ CD/DVD
☐ live webcast ☐ on-demand

* Personal Management Assistance and Business Development and Marketing courses are Category 3 CLE Activities and subject to a credit cap of 6 credits during a regular 3-year reporting cycle and 3 credits in a short cycle.

Total Credits Requested:

Is this a replay? ☐Yes ☐No If yes, please identify program producer:

Will this program include the use of written materials?
☐Yes ☐No If no, please explain: Total pages:

List any attendance restrictions [See MCLE Rule 5.1(f)]

Describe sponsor's experience in providing CLE activities:

This application will not be processed unless the following are enclosed:
☑ Copy of the program agenda showing timelines
☑ Biographical information on the program faculty
☑ Copy or sample (15-20 pages) of program's written materials — include ethics portion, if applicable
☑ Sponsor Fee

Sponsor/Member Signature: | Date:

This form will be processed within 30 days of receipt in the MCLE Department.

OSB MCLE Office Use Only

☐ *Approved* ☐ *Denied* ☐ *Incomplete*	*Fee Paid:*	General:	Abuse Reporting:	Access to Justice: ☐ Introductory	Bus Dev Mktg:	MHSU:
MCLE Dept:	*Reciprocity?* ☐ *Yes* ☐ *No*					
	Program No:	Personal Mgmt Asst	Practical Skills: OR specific? ☐ Yes ☐ No	Prof Resp / Ethics: OR specific? ☐ Yes ☐ No	Total Credits Approved:	
Date:						

Keep a copy of this form for your records and send to: mcle@osbar.org

or: Oregon State Bar MCLE, 16037 SW Upper Boones Ferry Rd, PO Box 231935, Tigard, OR 97281-1935

Questions? *(503) 431-6368 or (800) 452-8260 ext. 368*