

# 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.

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 4.2(c).)

Name and address of person or organization applying:			Applying as <i>(check one)</i> : <input type="checkbox"/> Sponsor <input type="checkbox"/> Individual Member  Bar # _____		
Phone:	Email:	Contact Person (Sponsors only):			
Title of CLE Activity:					
Name of CLE Sponsor <i>(if not the applicant)</i> :				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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prof Resp / Ethics: OR specific? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Credits Requested:
Delivery method(s): <input type="checkbox"/> faculty in room with participants <input type="checkbox"/> teleconference <input type="checkbox"/> interactive videoconference <input type="checkbox"/> CD/DVD <input type="checkbox"/> live webcast <input type="checkbox"/> 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.			
Is this a replay? <input type="checkbox"/> Yes <input type="checkbox"/> No              If yes, please identify program producer:					
Will this program include the use of written materials? <input type="checkbox"/> Yes <input type="checkbox"/> 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:					
<b>This application will not be processed unless the following are enclosed:</b>					
<input checked="" type="checkbox"/> Copy of the program agenda showing timelines		<input checked="" type="checkbox"/> Copy or sample (15-20 pages) of program's written materials — include ethics portion, if applicable		<input checked="" type="checkbox"/> Sponsor Fee	
<input checked="" type="checkbox"/> Biographical information on the program faculty					
Sponsor/Member Signature:				Date:	

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

OSB MCLE Office Use Only						
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete	Fee Paid:		General:	Abuse Reporting:	Access to Justice:	Bus Dev Mktg:
MCLE Dept:	Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Introductory	
	Program No:		Personal Mgmt Asst	Practical Skills: OR specific? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prof Resp / Ethics: OR specific? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Credits Approved:
Date:						

**Keep a copy of this form for your records and send to: [mcle@osbar.org](mailto: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