

Uniform Application for Approval of Continuing Legal Education

APPLICATION TO THE COMMONWEALTH OF PUERTO RICO				
1. SPONSORING ORGANIZATION INFORMATION:				
NAME _____				
ADDRESS _____				
CITY _____	STATE _____	ZIP _____		
TEL _____	FAX _____	EMAIL _____		
2. TITLE OF EDUCATIONAL ACTIVITY:				

3. DATE(S):			LOCATION(S):	
_____			_____	
4. REGISTRATION FEE:			5. WRITING SURFACE AVAILABLE:	
_____			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. METHODS OF PRESENTATION:				
<input type="checkbox"/> Faculty in room with participants <input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input type="checkbox"/> Other: <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Internet On-Demand (Interactive) <input type="checkbox"/> Discussion leader present				
7. TYPE OF LAW CODE(S): (Available for review: https://www.clereg.org/lawClassifications.asp)				
1. _____	Additional Codes: (Optional)	2. _____	3. _____	4. _____
DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels				
8. ADVERTISED TO: <input type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others: (Specify/Indicate %)				
9. LIST ANY ADMISION RESTRICTIONS:				

10. IN-HOUSE ACTIVITY INFORMATION: (See local Rule 12 for Applicability)				
Open/Publicized to Outside Lawyers <input type="checkbox"/> YES <input type="checkbox"/> NO Outside are _____% of Faculty & Clients are _____% of audience				
If not open, please specify reason: _____				
11. METHOD OF EVALUATION: <input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:				
12. THE PARTICIPANTS WILL HAVE THE OPPORTUNITY TO POSE QUESTIONS TO FACULTY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
13. MATERIALS DESCRIPTION:				

Total pages: _____ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> Before Program <input type="checkbox"/> At Program <input type="checkbox"/> No materials supplied <input type="checkbox"/> Other:				
14. REQUIRED ATTACHMENTS TO THIS APPLICATION:				
a. Detailed outline of course contents c. Faculty description (professional credentials) e. Draft of the brochure or announcement of the course				
b. Agenda, brochure, description d. Complete set of materials (at least 30 days prior to course)				
15. CREDITS REQUESTED: Indicate minutes of instruction not including breaks, meals or introductions:				
General/Substantive: _____				
Ethics: _____				
Notary: _____				
Other: _____				
Total: _____				
16. ACCREDITATION BY OTHER STATES:				
Granted: _____				
Denied: _____				
17. SUBMITTED BY: Sponsor Representative				
Name: _____				
Title: _____				
Sign: _____ Date: _____				
SPONSOR OBLIGATIONS: With submittal of application sponsor acknowledges and agrees to comply with local rules as defined in Puerto Rico Rules of the CLE Program, which can be viewed at our website, www.tribunalpr.org/leyes/Rules.pdf . If approval is granted, providers must submit, within a period of 30 days after the course is offered, a certified list of attendance in the electronic format provided upon approval and pay a \$3 per credit-hour fee for each participant pursuant to Rule 11 (A). Providers under Rule 12 must submit these documents 20 days after the course is offered.				

MCL STATE NOTIFICATION OF ACCREDITATION

To be completed by the MCLE State regulatory agency and returned to applicant:

Course ID Number: _____

The following action has been taken on this application:

APPROVED for a total of _____ CLE credits

Including _____ Notary credits

_____ Ethics credits

NOT APPROVED
(See comments below or additional information attached)

RETURNED for the request of additional information. Please complete each item on the form as indicated by the number circled below:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Other: _____

Regulator Comments:

Sign: _____ Date: _____