THE STATE BAR OF CALIFORNIA
Office of Admissions • MCLE Providers
180 Howard St • San Francisco, CA 94105-1639
(415) 538-2126 • providers@calbar.ca.gov

Application #: _____ Provider #: _____

date stamp here

STATE BAR OF CALIFORNIA USE ONLY

Single Activity Provider Approval Application for Minimum Continuing Legal Education

1. You MUST submit this form if your activity is held inside California, transmitted to California by any means, offered for downloading or viewing on the internet, or offered in any other format, whether for sale or for free, within California.
2. You do NOT need to submit this form if your activity is held outside of California AND California attorneys are outside of California while participating, AND your activity has received MCLE approval (including any subfield credit) by an "Approved Jurisdiction," AND the activity meets our MCLE standards (see MCLE Rule 3.500). California attorneys may be issued an Approved Jurisdiction's credit on a "Uniform Certificate of Attendance for MCLE" form. A list of Approved Jurisdictions may be found at http://mcle.calbar.ca.gov/Attorneys/EducationOptions/ApprovedJurisdictions.aspx.

1) PROVIDER CONTACT INFORMATION

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Email: _____

Provider Phone: (_____) _____ Provider Fax: (_____)_____

2) ACTIVITY INFORMATION

Activity Name: _____

Activity Date(s): _____ Activity Location (city, state): _____

If retroactive approval is sought: ____ Total Number of Attendees, including ____ Lawyers Attending

Activity Format (check one or both): ☐ Participatory ☐ Self-Study

Delivery Method (if participatory) ☐ In person ☐ Online ☐ Conference Call ☐ Interactive CD/Video
☐ Other (indicate method) _____

Total minutes of instruction (minus breaks and meals) = _____, then divide by 60 and round to nearest quarter hour = _____ hours

including the following subfield credits: _____ hours of *Legal Ethics*
_____ hours of *Elimination of Bias*, and
_____ hours of *Substance Abuse/Mental Illness*.

Provide a short summary of the content of the activity and how it relates to MCLE Provider Rule 3.501:

_____
_____
_____
_____
_____
_____

Provider Name: _____

Provide a short summary to support any credit hours claimed for *Legal Ethics or Elimination of Bias;* if seeking *Legal Ethics* credit, please cite specific ethics rule(s) being referenced:

_____
_____
_____
_____
_____
_____

Method of Evaluation: ◉ California MCLE Evaluation Form (participant critique)
○ Independent Evaluation (please attach a sample)

Submission Checklist

Please indicate, by placing a check mark in the box next to the item, that the following are included in this application or have been verified:

- ☐ $75 check, made payable to the "State Bar of California"
- ☐ Copy of schedule/agenda, including list of topics with descriptions, for the activity
- ☐ Copy of speaker biographies for the activity
- ☐ If seeking more than one hour of credit, please include a copy of written materials (substantive materials are required for activities of more than 1 hour)
- ☐ If seeking *retroactive* approval for an activity already presented, please include copies of the promotional materials used for that activity
- ☐ Claimed MCLE Activity credit hours correspond to times on agenda
- ☐ Application is dated and has an original signature (section below)

Provider acknowledges that its approved activity status may be revoked for non-compliance with Title 3, Division 5 of the *Rules of the State Bar of California* (*MCLE Provider Rules*) and amendments thereto, or for failure to comply with the agreements and certifications contained in this form. Provider agrees to comply with all other rules applicable to providers of Continuing Legal Education that are promulgated by the State Bar of California.

Completion of this form does not constitute MCLE approval for your educational activity. If granted, approval will become effective on the date set forth in the notification of approval. Please allow up to 6 weeks for your application to be reviewed and a determination made as to whether MCLE credit will be allowed.

I have read the foregoing renewal and any attachments to it and know the contents thereof, and the same are true of my own knowledge. I declare, under penalty of perjury, under the laws of the State of California, that the foregoing and any attachments to it are true and correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____