



**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](mailto: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 3.50F). 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~~ Activity Location: \_\_\_\_\_  
 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 declare, under penalty of perjury, under the laws of the State of California, that the foregoing are true and correct

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_