



**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)

\$300 Rec'd:  YES  NO  
 Rec'd by: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
  
*date stamp here*  
  
 STATE BAR OF CALIFORNIA USE ONLY

## 2011 MCLE Multiple Activity Provider Renewal Application

You must have offered at least four (4) separate and different activities between January 1, 2009 and December 31, 2010. If you have not offered at least four activities, **DO NOT** submit this application. You will need to reapply for Multiple Activity Status after you qualify.

**\$300 FEE FOR 3 YEARS**  
**Due January 4, 2011**

### 1) PROVIDER CONTACT INFORMATION

If you do not know your Provider number, please go to <http://members.calbar.ca.gov/search/cert.aspx> or navigate by going to <http://calbar.ca.gov> > MCLE > Providers > Search

Provider Number: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Provider Phone : (\_\_\_\_\_) \_\_\_\_\_ Provider Fax: (\_\_\_\_\_) \_\_\_\_\_  
 Provider Website (optional): \_\_\_\_\_  
 Provider E-mail (posted on State Bar website): \_\_\_\_\_  
 Contact Email (not posted on website): \_\_\_\_\_

### 2) PROVIDER AFFILIATIONS

Are there any other offices, departments, divisions or other entities for which provider will assume responsibility?

No (Provider assumes no affiliate responsibilities)  
 Yes (list affiliates or attach a list) Affiliate: \_\_\_\_\_  
 Affiliate: \_\_\_\_\_ Affiliate: \_\_\_\_\_

### 3) ELIGIBLE ACTIVITIES LIST

List the dates and activity titles of four (4) separate and different activities held between January 1, 2009 and December 31, 2010. Listed activities must comply with Title 3, Division 5 of the *Rules of the State Bar of California (MCLE Provider Rules)*.

Date(s): \_\_\_\_\_ Activity Name: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Activity Name: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Activity Name: \_\_\_\_\_  
 Date(s): \_\_\_\_\_ Activity Name: \_\_\_\_\_

**ACTIVITY AUDIT for  
2011 MCLE Multiple Activity Provider  
Renewal Application**

*Complete this activity audit for one of the activities listed on page 1, section 3*

Provider Name: \_\_\_\_\_ Prov. #: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_ Activity Location (city, state) \_\_\_\_\_

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

Total MCLE credit hours for this activity: \_\_\_\_\_, including \_\_\_\_\_ 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: \_\_\_\_\_

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Provide a short summary to support any credit hours claimed for *Legal Ethics*, *Elimination of Bias* or *Substance Abuse/Mental Illness*: \_\_\_\_\_

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List of Speakers at Activity:

Name

Title and Qualifications

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Attach the following three (3) items to this application:

- (copy of) Agenda for the activity listed above
- (copy of) Record of Attendance for the activity listed above
- (copy of) Printed or Electronic Advertisement (if done) for the activity listed above

Provider Name: \_\_\_\_\_ Prov. #: \_\_\_\_\_

**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:

- \$300 check, made payable to the "State Bar of California", is enclosed
  - Four separate and different Activities are listed in Section 3 of Page 1
  - Activity detailed on Page 2 is listed in Section 3 of Page 1
  - Copy of Agenda for the Activity listed on page 2 is enclosed
  - Claimed MCLE Activity credit hours correspond to times on Agenda
  - Copy of Record of Attendance for the Activity listed on page 2 is enclosed
  - Copy of Printed or Electronic Advertisement (if done) for the Activity listed on page 2 is enclosed
  - Application is dated and has an original signature (section below)
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Provider acknowledges that its approved provider 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 acknowledges that its approved provider status extends to those of its affiliates, offices, departments, divisions or other entities which provider has listed on Page 1, Section 2 of this application and agrees to actively monitor and publicly assume responsibility for ensuring compliance with the *MCLE Provider Rules*. Provider agrees to comply with all other rules applicable to providers of Continuing Legal Education that are promulgated by the State Bar of California. If provider uses promotional materials for activities held after December 31, 2010, but prior to approval of provider renewal, provider agrees to specify in all such materials that application for renewal of provider status is pending, and to advise all participants as soon as possible whether or not renewal of provider status has been granted.

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: \_\_\_\_\_