



The State Bar of California
Office of Special Admissions/Specialization
 180 Howard Street · San Francisco, CA 94105-1639
 (415) 538-2100 · providers@calbar.ca.gov

For State Bar Use Only

Application #: _____

Provider #: _____

___\$75___\$150___\$225___\$300

___Return to complete

Date: _____

Single Activity Provider Approval Application
Minimum Continuing Legal Education

A \$75 non-refundable fee must accompany this application.
 Make check payable to The State Bar of California.
 The review process will take approximately 4-6 weeks.
 Please complete both pages.

PLEASE READ THE INFORMATION IN THIS BOX.

1. You do NOT need to submit this form if your activity is held "live" outside California AND your activity has received MCLE approval (including any subfield credit) by an "Approved Jurisdiction," as long as the activity meets our MCLE standards (see MCLE Rule 3.500). (See list of approved jurisdictions at our Web site www.calbar.ca.gov and click on the following links: MCLE>Provider Information>Approved Jurisdictions.)

2. You MUST submit this form if your activity is held inside California, electronically transferred to California, offered for downloading or viewing on the Internet, or offered in any other format, for sale or for free, to California attorneys.

PROVIDER INFORMATION:

IMPORTANT: Completion of this form does not constitute MCLE approval for your education activity. If granted, approval will become effective on the date set forth in the notification of approval.

Type of Provider (check one box that best describes your organization):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Corporate Counsel | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> State Bar | <input type="checkbox"/> Local Bar Association | <input type="checkbox"/> Commercial Educator |
| <input type="checkbox"/> Professional Assn | <input type="checkbox"/> Non-Legal Professional Assn | <input type="checkbox"/> CA District Attorney Assn | <input type="checkbox"/> CA Public Defender Assn |
| <input type="checkbox"/> Other (describe): _____ | | | |

Name of Provider: _____

Address of Provider: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____ E-mail: _____

Phone: () _____ Fax: () _____

ACTIVITY INFORMATION:

Title of Activity: _____

Date(s): _____ Location(s) (City and State): _____

Start Time: _____ End Time: _____

Total minutes of instruction (minus breaks or meals) _____ divided by 60 and rounded to nearest quarter hour = _____

What is the main legal content of this activity and explain how it relates with Section 3.501 of the MCLE Provider Rules?

REQUIRED ATTACHMENTS:

Please attach the following required materials:

- (1) Time schedule/agenda (2) Speaker name(s) and biographies (3) Topics and descriptions

DELIVERY METHOD (check all that apply):

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Faculty in room with participants | <input type="checkbox"/> | Interactive CD/DVD/Video |
| <input type="checkbox"/> | Online: Interactive computer/internet | <input type="checkbox"/> | Self-study/self-assessment test |
| <input type="checkbox"/> | Telephone to broadcast site | <input type="checkbox"/> | Other (describe): _____ |

WRITTEN MATERIALS FOR ATTENDEES:

- Yes (Substantive written materials are required if activity is more than one hour)
 None

METHOD OF EVALUATION:

- CA MCLE evaluation form (participant critique) Independent evaluation (attach sample)
- If retroactive approval is sought: Number of attendees: _____ Number of attorneys in attendance: _____

SUBFIELD CREDITS:

List any hours that were spent on specific subject matter areas described in Section 3.501 of the MCLE Provider Rules. **Attach short description to support any subfield credits.**

* Legal ethics: _____ Elimination of bias: _____ Substance abuse/Mental illness: _____

* Please provide the specific ethics rule(s) that will be referenced: _____

ATTESTATION:

- Provider acknowledges that approval for this activity may be suspended or revoked for non-compliance with the MCLE Provider Rules and amendments thereto, or for failure to comply with the agreements and certifications contained in this form.
- Provider certifies that education activity meets the standards specified in Section 3.501 of the MCLE Provider Rules.
- Provider agrees to comply with all the requirements of Section 3.502 of the MCLE Provider Rules.
- Provider agrees to comply with all other requirements applicable to providers that are promulgated by the State Bar of California.
- If provider uses promotional materials prior to activity approval, provider agrees to specify in all such materials that application for activity approval is pending and to advise all participants as soon as possible whether or not activity approval is granted.

I HAVE READ THE FOREGOING ANSWERS AND STATEMENTS ON THIS FORM AND ANY ATTACHMENTS TO IT AND KNOW THE CONTENTS THEREOF, AND THE SAME IS 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.

Provider Name: _____ By: _____

Date: _____ Signature: _____
(Must be an original signature)

CHECKLIST:

- Application completed
- Time schedule/agenda attached
- \$75 check included
- Application is signed and dated

Return application, payment and attachments to:

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