

MCLE FORM 2: Group CLE Activity Accreditation Application

Instructions:

Pursuant to MCLE Rule 4.2(d), sponsors of Group CLE Activities must apply for accreditation no later than 30 days after the completion of the CLE activity. Individual bar members may also apply on their own behalf for accreditation of a Group CLE Activity by using this form. No fee is required. The sponsor fee is \$40 for a program of 4 or fewer hours and \$75 for a program of more than 4 hours. The sponsor fee for a series of programs not exceeding 3 hours in 3 consecutive months is \$40. A sponsor fee is required for each repeat (live or electronic) of the programs. (See MCLE Rule 4.2(c).)

Name and address of person or organization applying (Please print. This will be mailing label):		Applying As (check one): <input type="checkbox"/> Sponsor <input type="checkbox"/> Individual Member Bar # _____
Phone:	Email:	Contact Person (Sponsors only):
Title of CLE Activity:		
Name of CLE Sponsor (if not the applicant):	Phone:	
Date(s) and Location(s) of CLE Activity Date(s) _____ Location(s) (city/state) _____	Number of credits requested: General _____ Practical Skills _____ A/J _____ Prof. Resp.: Ethics _____ Child Abuse Rep _____ Elder Abuse Rep _____ TOTAL _____	
Delivery method(s): <input type="checkbox"/> faculty in room with participants; <input type="checkbox"/> teleconference; <input type="checkbox"/> interactive video; <input type="checkbox"/> audio; <input type="checkbox"/> video; <input type="checkbox"/> audio; <input type="checkbox"/> video; <input type="checkbox"/> audio; <input type="checkbox"/> video		
Is this a replay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify program producer: _____		
Will this program include the use of written materials? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) Total pages: _____	List any attendance restrictions [See MCLE Rule 5.1(d)]	
Describe sponsor's experience in providing CLE activities:		
This application will not be processed unless the following are enclosed: ✓ Copy of the program agenda showing timelines ✓ Biographical information on the program faculty ✓ Copy or sample (15-20 pages) of program's written materials - include ethics portion if applicable ✓ Sponsor Fee		
Sponsor/Member Signature:	Date:	

OSB MCLE Office Use Only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Fee Paid:	MCLE Credits:	General:
MCLE Dept.:	Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethics:
Date:	Program No.:		Child Abuse Rep:
			Elder Abuse Rep:
			A/J:
			General or Practical Skills:
			Total:

Make a copy of this form for your records and mail the original to:
 Oregon State Bar MCLE, 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935
 or mcle@osbar.org

(503) 620-0222 X368 or 1-800-452-8260 X368