

ALABAMA APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION

Mail to the: Alabama State Bar; Mailing: P.O. Box 671, Montgomery, AL 36101
Physical: 415 Dexter Avenue, Montgomery, AL 36104

1. Sponsoring organization:
Name:
Mailing Address:
Telephone () Fax ()

2. Title of educational activity:

3. Date(s)

4. Location(s)

5. Registration fee:

6. Writing surface available? Yes No

7. Method(s) of presentation:
faculty in room with participants videotape presentation with qualified instructor present
teleconference live web-cast
live satellite self-study (not approvable for CLE credit in Alabama)
discussion leader present online on-demand: If on-demand do you verify that you track participation and allow questions for the faculty yes no. (Please check yes or no)

7. Type of Law (s): 1. 2. (optional) 3. (optional)

8. Advertised to: Lawyers; Clients; Others (specify):

9. List any admission restrictions:

10. REQUIRED IF THE PROGRAM IS SPONSORED BY A LAW FIRM
Do you verify that over 50% of the total instruction time is presented from speakers outside the firm? yes (required)

11. Method of evaluation: participant critique independent evaluator none other

12. Do you verify there will be handout materials on each topic? yes no; estimated pages

13. REQUIRED ATTACHMENTS to this application:
a. time schedule (brochure, course outline, course description)
b. table of contents or equivalent
c. faculty name(s) and credentials (if not in brochure or description)
d. complete set of materials (if required)
e. fees \$25.00 if submitted by attorneys/\$50.00 if submitted by sponsors
14. Total minutes of instruction, not including breaks meals or introductions:
(Alabama CLE credit hours are based on a 60-minute hour)
General (non-ethics minutes):
Ethics (minutes):
Total (minutes):

15. Approval by other states:
Granted by
Denied by

16. Submitted by: employee of sponsor/provider individual lawyer

SPONSOR OBLIGATIONS: Sponsor acknowledges and Agrees to comply with all rules and regulations attached.
Approval Letters will be sent by E-Mail or via USPS.

Sponsor Representative
Title
E-Mail Address
Signature
Date

Attorney Name
State Bar Number: ASB -
Address
E-Mail Address
Telephone ()
Signature
Date

Course ID
Subject
APPROVED
Total CLE credits
Ethics credits
DENIED
Per Regulation
Date: / /
CLE Staff:
CLE Staff use only

PLEASE ALLOW 30 BUSINESS DAYS FOR PROCESSING