

MISSISSIPPI APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION

MS Commission on CLE, P. O. Box 369, Jackson, MS 39205

Email: cle@courts.ms.gov

ATTORNEY APPLICATION FORM

Attorney

Name: _____

Address: _____

Phone: _____

Email: _____

MS Bar #: _____

CLE Staff use only Notification of Approval Course ID Number _____ (Must be applied to Certificate of Attendance)
The following action has been taken: <input type="checkbox"/> Approved for ___ general ___ ethics <input type="checkbox"/> Denied <input type="checkbox"/> Returned for additional information _____ Date: _____ Approved by _____ **CLE Staff use only**

Course Information

Title of course: _____

Date(s): _____ Location (city & state): _____

Sponsor of the Course: _____

Responsibility of the \$2/hour course fee:

Attorney

Sponsor

Method of Presentation:

In-Person, In State (must be present at location)

In-Person, Out of State (must be present at location)

Online (Webinar, On-Demand, Live Interactive, Video)

REQUIRED ATTACHMENTS to this application. (Please mark all documents submitted with this application)

Agenda/Outline

Course Materials

Certificate of Attendance

Total Hours Requested

(excluding introductions, welcomes, breaks and meals without speakers)

_____ **Total Hours**

_____ **Ethics Hours**