

MISSISSIPPI APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION

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

Email: cle@courts.ms.gov

Sponsoring Organization

Name: _____

Address: _____

Phone: _____

Email: _____

Tax ID #: _____

****CLE Staff use only** Notification of Approval**

Course ID Number _____

(Must be applied to Certificate of Attendance)

The following action has been taken:

Approved for ____general ____ ethics

Denied

Returned for additional information

Date: _____ Approved by _____

****CLE Staff use only****

Course Information

Title of course: _____

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

Method of presentation. NOTE: MS requires that all presentations (in-person and online) have a monitoring procedure in place to verify attorneys' attendance throughout the entire program.

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)

Advertise to: Lawyers Others (specify) _____

List any admission restrictions: _____

Method of Evaluation: participant critique independent evaluator none other

Do you verify there will be handout material (paper, CD flash drive, downloads) on each topic? Yes No

Will the Sponsor cover the MS CLE fee of \$2.00 per hour? Yes No

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

Time agenda/outline for 60 minutes or more

Speaker Bios

Sample of Certificate of Attendance

\$50.00 Application processing fee

(fee waived for approved pro-bono, local bar associations, MS Bar and governmental organizations who do not charge participants a fee to attend course.)

*Please indicate the reason below for waiver of application fee.

pro-bono local bar associations governmental organizations

Total Hours of Instruction

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

_____ Total Hours

_____ Ethics Hours

Sponsor Obligations

Sponsor acknowledges and agrees to comply with all MS CLE Rules and Regulations.

Sponsor Representative: _____ Email: _____

Signature _____ Date: _____ Phone: _____

*Sponsors must submit application for approval **30 days prior** to the beginning date of the program.