New York State Continuing Legal Education Board

25 Beaver Street, Room 888, New York, NY 10004 • Phone: (212) 428-2105
Website: www.nycourts.gov/attorneys/cle • Email: cle@nycourts.gov

APPLICATION FOR ACCREDITED PROVIDER STATUS

SPONSORING ORGANIZATION:_____

_____

ADDRESS:_____

_____

PHONE:_____FAX:_____

EMAIL:_____

NAME AND TITLE OF CONTACT PERSON: _____

_____

NUMBER OF CLE COURSES SPONSORED, ORGANIZED AND ADMINISTERED BY YOUR ORGANIZATION DURING THE PAST THREE YEARS:_____

PLEASE DESCRIBE THE CONTINUING LEGAL EDUCATION ACTIVITIES OF YOUR ORGANIZATION OVER THE PAST THREE YEARS, AND ATTACH A LIST OF ALL CLE COURSES PRESENTED BY YOUR ORGANIZATION DURING THAT TIME, INCLUDING THE TITLE, DATE, LOCATION AND FACULTY FOR EACH COURSE, INDICATING WHICH FACULTY MEM BERS, IF ANY, ARE ATTORNEYS:

DOES YOUR ORGANIZATION PLAN TO OFFER COURSES IN NEW YORK DURING THE NEXT YEAR? ☐ YES ☐ NO

PLEASE DESCRIBE YOUR ORGANIZATION'S FINANCIAL AID POLICY AND PROCEDURES. INCLUDE THE SPECIFIC APPLICATION PROCEDURES AND THE ELIGIBILITY REQUIREMENTS FOR SUCH AID. PROVIDER APPLICATIONS THAT DO NOT INCLUDE A FINANCIAL AID POLICY FOR COURSES OFFERED FOR A FEE ARE INELIGIBLE FOR CLE BOARD REVIEW. (ATTACH ADDITIONAL SHEETS IF NECESSARY):

LIST OTHER STATES GRANTING OR DENYING ACCREDITED PROVIDER STATUS AND INCLUDE SUPPORTING DOCUMENTATION WHERE APPLICABLE:

REQUIRED ATTACHMENTS:

Please submit the following information for three (3) courses, two (2) presented during the eighteen (18) months prior to the date of application; and one (1) presented 18 to 36 months prior to the date of application. (Incomplete applications will be returned.)

- ☐ title of course
- ☐ date(s) and location(s) of course
- ☐ registration fee, if any
- ☐ timed agenda or timed outline of course
- ☐ brochure or advertisement (if not available, provide course description)
- ☐ faculty name(s) and credentials, including educational background/degrees
- ☐ complete set of written materials distributed for the course
- ☐ total hours of CLE instruction (based on a 50-minute hour, not including breaks, meals or introductions)
- ☐ breakdown of CLE credit hours into the applicable categories: *Ethics and Professionalism, Skills, Law Practice Management, Areas of Professional Practice, and Diversity, Inclusion and Elimination of Bias*
- ☐ percentage of attorneys in audience
- ☐ admission restrictions, if any
- ☐ sample of evaluation questionnaire, if any
- ☐ method of presentation (faculty in room with participants, CD, DVD, online, teleconference, webconference, etc.)
- ☐ description of attendance verification procedures for each format (attach any forms associated with your verification procedures, such as sign-in sheet, electronic tracking report, attorney affirmation with codes, etc.)
- ☐ sample of each nontraditional format (CD, videotape, DVD, etc., or instructions for online access)

Provider acknowledges and agrees to comply with all CLE Program Rules and CLE Board Regulations and Guidelines, and certifies that the above information (including all attachments) is true.

_____
PROVIDER REPRESENTATIVE AND TITLE

_____ _____
SIGNATURE DATE