

FORM 6

Utah State Board of
CONTINUING LEGAL EDUCATION
Utah Law and Justice Center
645 South 200 East
Salt Lake City, UT 84111-3834
Telephone (801)531-9077 Fax (801)531-0660
Email mcle@utahbar.org

APPLICATION FOR WRITING ACCREDITATION
SUBMIT A COPY OF THE WRITTEN WORK-PRODUCT
WITH THIS FORM

SELF-STUDY CREDIT ONLY

- 1. Name of attorney: _____
- 2. Utah State Bar Membership Number: _____
- 3. Telephone: () _____
- 4. Address: _____

5. **E-mail address:** _____

6. Title of Article*: _____

7. Name of Publisher: _____

8. Publish Date: _____

9. Is written work co-authored? Yes _____ No _____ (if "yes" describe clearly the portion which are attributable to the application, citing pages, sections or paragraphs) _____

10. Calculations of Credit Hours:
Total words of article _____ /3000 X 3= _____ Total Credit Hours
Ethics\Professional Responsibility Hours _____ Professionalism & Civility Hours _____

11. **The Required Non-Refundable Special Accreditation Fee is \$10.00 And Shall Accompany This Application.**

12. The attorney represents that to his or her knowledge this CLE activity (a) complies with the Utah State Board of CLE Rules and Regulations including any amendments thereto; and (b) has not been previously disapproved by the MCLE Board. The attorney acknowledges that approval of this CLE activity may be declined or revoked for noncompliance of the Rules and Regulations or for the failure of the Attorney to comply with the agreements and representations contained in this request.

Attorney's Signature: _____ Date: _____ / _____ / _____

*(include name of article and periodical in which it appeared; if chapter, include name of book in which it appeared)

NOTICE OF DECISION
(To be completed by the state accreditation office and returned to applicant)

The following action has been taken on this application.

- APPROVED** for _____ CLE Credits, including _____ Ethics Credits _____ Professionalism & Civility
- ACCREDITATION DENIED.** Reference _____
- RETURNED** for more information. Please complete each item on this form indicated by the number(s) circled below: 1 2 3 4 5 6 7 8 9 10
- REFERRED** to CLE regulatory meeting on _____ / _____ / _____
- Please see attached materials. Date _____ / _____ / _____
CLE Staff _____

You will receive a notice of decision **within 4-6 weeks**

Note: A maximum of twelve hours of self-study CLE credit allowed each two-year compliance period.