

FORM 8

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 LECTURING
ACCREDITATION IN A COMMUNITY OUTREACH
CAPACITY

SELF-STUDY CREDIT ONLY

Please Note: The program must deal with subject matter directly related to legal topics.

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

6. Name of Sponsor: _____

7. Name of Sponsor Contact Person: _____ Telephone: () _____

9. Date : ____ / ____ / ____ Location: _____

10. Title of Presentation: _____

11. Submit with this Application the following information:

a. An agenda and/or other outline that

(1) Identifies the body to whom the lecture is presented

(3) Lists the topics by title

(2) States the purpose of the course

(4) Shows the time schedule for each topic

b. A copy of any other materials that show why this CLE activity meets the accreditation standards contained in the Utah State Board of CLE Rules and Regulations.

12. Calculation of Credit Hours:

Total Hours Spent Teaching/Lecturing: _____

Ethics/Professional Responsibility Hours: _____ Professionalism & Civility Hours: _____

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

14. 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: ____ / ____ / ____

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 nine hours of community outreach CLE credit allowed each two-year compliance period.