

ARKANSAS CONTINUING LEGAL EDUCATION BOARD

2100 Riverfront Drive, Suite 110
Little Rock, AR 72202
Phone: (501) 374-1855 Fax: (501) 374-1853

APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION ACTIVITY

1. Sponsoring Organization: _____ Sponsor #: _____
Address: _____
Phone #: _____ FAX #: _____ E-mail: _____
2. Title of educational activity: _____
3. Date(s) & Location(s): _____
4. Registration Fee: \$ _____ 5. Writing surface available: yes no
6. Delivery Method(s): faculty in room with participants; "Live" webcast
 Other form of Live - Interactive Presentation (Describe) _____
 On Demand (monitoring of completion required) How is program monitored? _____
7. Advertised to: Lawyers Clients Others (specify, list %) _____
8. List any admission restrictions: _____
9. Is this an "in-house" activity? (Access limited to members of one private law firm): yes no
10. Method of evaluation: participant critique independent evaluator none
11. Description of materials to be distributed: _____ total pages
Distributed: before program after program other (_____)
12. REQUIRED ATTACHMENTS to this application:
Timed agenda (brochure, outline, description)
Include Faculty names and credentials
13. Total minutes of instruction, **excluding** breaks, meals or introductions:
General: _____ * Ethics: _____
14. Check if you are seeking Ad Litem credit for any portion of this program _____.

*** ETHICS MUST BE PRESENTED IN A DISTINCT SEGMENT AT LEAST 60 MINUTES IN LENGTH.**

15. Approval by other states: granted by; _____ denied by; _____
16. Submitted by: employee of sponsor/provider (or) individual lawyer

SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with Arkansas CLE rules.

Sponsor Representative: _____

Signature: _____

Title: _____

Date: _____

Attorney Name: _____

Bar #: _____

Address: _____

Phone: _____

Signature: _____