

FORM 4

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

**APPLICATION BY A MEMBER OF THE
UTAH STATE BAR FOR ACCREDITATION
OF A CLE ACTIVITY**

Please Note: The program must deal with subject matter directly related to the practice of law.

1. Name of attorney:
2. Utah State Bar Membership Number:

Telephone: () _____

E-mail address: _____
3. Address: _____
4. Name of CLE Sponsor:
5. Title of CLE Activity:
6. Date: _____ Location: _____
7. Registration Fee: \$
8. The Attorney's calculation of the requested number of (a) Total Credit Hours and (b) Portion of Total Credit Hours devoted to Ethics\Professional Responsibility (c) Portion of Total Credit Hours devoted to Professionalism & Civility:


(a) Total Credit Hours
(b) Ethics\Professional Responsibility Hours
(b) Professionalism & Civility _____
Ethics Hours are included in Total Credit Hours.
9. Is the program accredited for CLE in other states? Yes ___ No ___ Please specify which states
10. Submit with this Application the following information:
a. A brochure and or other outline that
(1) describes the course contents; (4) lists the topics by title;
(2) states the purpose of the course; (5) shows the time schedule for each topic; and
(3) identifies the faculty and states their qualifications;
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.
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: _____


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 ___ Ethic 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 11 12 13

 **REFERRED** to CLE regulatory meeting on ___ / ___ / ___

 Please see attached materials.
Date _____ CLE Staff

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