



# IDAHO STATE BAR CONTINUING LEGAL EDUCATION

P.O. Box 895 • Boise, Idaho 83701 • (208) 334-4500 • Fax (208) 334-2764

## APPLICATION FOR CONTINUING LEGAL EDUCATION ACTIVITY

APPLICATION DATE:

**Please Complete BOTH Sides of Form**

### 1. Name and Address of Applicant:

(Notice of Decision will be mailed to the following address)

Applicant's Phone & Email:

ISB Number of Applicant:

(If the applicant is an Idaho attorney)

### 2. Name & Address of Sponsoring Organization:

(If different from above)

### 3. Title of Educational Activity:

### 5. Total Minutes of Instruction:

(Do not include breaks, meals & introductions. A complete course schedule with a full time breakdown must be included.)

General: \_\_\_\_\_

Ethics: \_\_\_\_\_

(To receive ethics credits, please include a complete description of the legal ethics topics covered and their specific presentation times.)

Total Minutes: \_\_\_\_\_

### 6. Reciprocal Admission Credit Approval Requested

(The legal education topics covered in the course are on Idaho practice, Idaho procedure and/or Idaho ethics requirements.)

### 7. Method of Presentation:

- Live                       Teleconference                       Satellite
- Video Tape               Video Conference                       Audio CD
- Audio Tape               Correspondence                       DVD
- Online:  Live    Video    Audio    Interactive
- Other \_\_\_\_\_

**Notice of Decision**  
(To be completed by the Idaho State Bar.)

**COURSE NUMBER** \_\_\_\_\_

The following action has been taken on this application:

**APPROVED** for \_\_\_\_\_ CLE Credits.

Total Includes \_\_\_\_\_ Ethics Credits.

\_\_\_\_\_

Approval:    Prior    Post

Reciprocal Admission Credit (RAC) Approved

**ACCREDITATION DENIED**

Date \_\_\_\_\_      Check Amount \_\_\_\_\_

Check Number \_\_\_\_\_

### 4. Date(s) & Location(s) of Presentation:

### 8. Is the Program:

**An in House Activity:**                       Yes                       No

**A Self-Study Activity:**                       Yes                       No

**9. Program's primary target group** (lawyers, accountants, physicians, etc.): \_\_\_\_\_

**10. Registration Fee being Charged for the Program:**  
\$ \_\_\_\_\_

### 11. Program Materials:

Approx. Number of Pages: \_\_\_\_\_

Provided to the participants:    before or    at the course.

### 12. Description of Physical Facilities:

- Classroom                       Writing Surface Provided
- Theater                               Other \_\_\_\_\_

**Submit the Following with the Application:**

1. Course schedule/brochure showing specific course topics and specific presentation times. A schedule is necessary for determining whether a course qualifies for credit and for counting credit hours.
  - Topics – a detailed description of the topics covered. If ethics credits are requested, the description of the ethics session(s) should include the specific Idaho Rules of Professional Conduct being discussed.
  - Times – a detailed time breakdown for the entire course. For courses an hour or less in length, beginning and ending times are normally sufficient. If ethics credits are requested, the specific time(s) for the ethics session(s) must be included.
2. Faculty name(s) and credentials (if not in brochure or description).
3. Application fee of \$40.00 per program (if you are applying as the Sponsoring Organization).
4. Verification from the sponsor that you attended the course if you are an Idaho attorney and want your name added to the Idaho State Bar’s attendance records.

**By signing below, the Sponsoring Organization agrees:**

1. To allow the Idaho State Bar, a member thereof or such other person as it shall designate, to audit the program in question, and
2. To maintain a list of all Idaho attorneys actually attending the program and to transmit such list to the Idaho State Bar within **twenty-eight (28) days** following the final presentation of the program, as listed on the front of this form. Please include the course name and course number when submitting the attendance list.

**Application Submitted by:**     Individual Attorney     Sponsoring Agency (enclose \$40.00 application fee)

By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS**

(NUMBERS CORRESPOND TO QUESTIONS ON THE FRONT OF THE FORM)

**Enclose a \$40.00 application fee if you are applying as the Sponsoring Organization.**

Fee is non-refundable. Applications submitted without fee will be returned unprocessed.

No fees are charged to individual attorney applicants. Make checks payable to the Idaho State Bar.

1. Complete name, address and telephone number of sponsor or individual submitting application.
2. Complete name and address of sponsoring organization (if different from #1).
3. Complete title for the program or activity exactly as it appears on the promotional brochure.
4. List of dates and locations for each presentation.
5. Indicate minutes of actual instruction for the program. A complete course schedule with a full time breakdown must be included with the application.
6. Indicate if reciprocal admission credit (RAC) approval is requested. Courses on Idaho practice, Idaho procedure and/or Idaho ethics requirements may qualify for RAC approval.
7. Indicate method of presentation.
8. Indicate if program is an in-house activity. An in-house activity is a program presented only to attorney members of the sponsoring firm or organization. It is not open to the public and no registration fee is charged.
9. Indicate what professional group or groups (i.e. lawyers, accountants, etc.) the program is designed to educate.
10. Indicate fee charged to program participants.
11. Describe the written materials for the program.
12. Describe physical facilities.

If you have any questions concerning this form or the MCLE accreditation process, please contact the Membership Department of the Idaho State Bar at (208) 334-4500 or [astrouser@isb.idaho.gov](mailto:astrouser@isb.idaho.gov)