Continuing Legal Education
Application For Accreditation

Date received

Legal Specialization and Education
651 East Jefferson Street
Tallahassee, Florida 32399-2300
850/561-5842 ● 850/561-9421 FAX ● clemail@flabar.org

(PLEASE TYPE OR PRINT)

CLE Provider # 1 (☐ **Please check here if there are any updates to your contact information)**

or

NEW PROVIDER CHECK HERE ☐

PROVIDER NAME 2

CONTACT PERSON _____ **E-MAIL** _____

MAILING ADDRESS _____

PHONE NUMBER (____) _____ **FAX NUMBER** (____) _____

PROGRAM TITLE 3

DATE(s) (Exact Course Date Required)
4

LOCATION(S) (City and State)
4

SEMINAR TYPE 5

☐ Live Presentation ☐ Satellite Transmission
☐ DVD ☐ Online Program
☐ CD ☐ Other: _____

PROGRAM LEVEL 6

☐ **Basic –** A course designed for the practitioner with no experience or limited experience in the area of law in which the course deals. A survey course is considered basic unless there are recent, significant changes in the law**.**

☐ **Intermediate –** A course designed for the practitioner experienced in the area but not necessarily an expert. A survey course in which there have been recent, substantial changes will be deemed intermediate. In an intermediate course, some segment may be low intermediate or basic, and others high intermediate or advanced; in those instances the course taken as a whole will be considered intermediate.

☐ **Advanced –** A course designed for the practitioner with extensive experience in the subject matter of the course.

MINUTES OF INSTRUCTION 7

(Excluding breaks, meals, & introduction)

_____ General
_____ Ethics
_____ Professionalism Credit*
_____ Substance Abuse
_____ Mental Illness Awareness
_____ Bias Elimination
Total Minutes of Instruction
(Total Minutes of Instruction will be divided
_____ by 50 to determine CLE credit hours)

*If requested, credit will be evaluated by the Center for Professionalism

ATTENDANCE REGISTRATION FEE
$ 8

FEES (Please Check As Applicable)

NORMAL PROCESSING TIME IS 2-4 WEEKS

☐ **Late Fee** **$75**
Required if application is not submitted 30 days prior to the first date on which the seminar is held.[8550005] 9

☐ **Rush Fee** **$75**
Optional Fee. Course will be processed within 5 days.[8550006]

EVALUATION FEE (**Select One Item** Below)**:**
Not For Local Bars

☐ Programs offered at no charge to attendees-Effective 1/1/2012 [8550003] **$45** 9
☐ Programs with a registration fee to Attendees [8550001] **$150**
☐ Government Agencies [8550004] **No Fee**

Local Bar Associations only:

☐ Programs offered at no charge to attendee or less than 2 credits [8550008] **No Fee** 9
☐ Programs offered at a charge to the attendee and greater than 2 credits [8550002] **$45**

TOTAL ENCLOSED $_____

☐ **PLEASE CHECK TO ACKNOWLEDGE** 10

As required, I have attached the course description, an outline of all topics addressed, a detailed time schedule, information about the speakers and their credentials, and the requisite accreditation fee(s).

Signature Not Required (typed name is fine)
Name of Person Apply (PLEASE PRINT)

_____
Signature Date