IOWA SUPREME COURT COMMISSION ON CONTINUING LEGAL EDUCATION
Judicial Branch Building, 1111 E. Court Avenue, Des Moines, Iowa 50319 Telephone: (515)725-8029
Web Page: http://www.iowacourts.gov/Professional_Regulation/Attorney_RegulationCommissions/CLE/

APPLICATION FOR ACCREDITATION OF A CLE EVENT OR ACTIVITY

Complete one application for each activity. (EXCEPTION: programs being repeated on different dates or locations may be submitted on one application.) Sponsors must include a **$25 application fee** unless they qualify for a specific exception under the rules. No application fee is payable by individual attorneys submitting an application solely as an attendee. This form must be completed in its entirety. Incomplete forms will be returned to the sender without review.

This Application is submitted by: Sponsor, or Employee of Sponsor ☐ Individual Attorney ☐

PART A (Required on all applications): SPONSOR INFORMATION

1. Program Sponsor: _____ Contact Person: _____

2. Street Address: _____ City, State, Zip Code: _____

3. E-mail Address: _____ Office Phone: _____

PART B: ATTORNEY INFORMATION (If submitted by an individual attorney for personal credit)

4. Attorney Name: _____ E-Mail Address: _____

5. Day Phone #: _____

6. Street Address: _____ City, State, Zip Code: _____

PART C: CLE ACTIVITY INFORMATION

7. Title of CLE Activity: _____

8. Date of Activity (Month/Day/Year): _____ Meeting Site - City/State: _____

9. Registration Fee: _____ Intended Audience (e.g., Attorneys, Business Executives): _____

10. **A copy of the program agenda must be attached.** Program will not be reviewed without this information.

11. Description of materials: Bound _____ Looseleaf _____ Outline _____

[Written program materials are not required with the initial application but may be requested. If submitted, materials become property of the Commission and will not be returned.]

12. Check all that apply: Live _____ Video Replay _____ Telephone _____ ICN _____ Satellite _____
Live Webcast _____ On-Demand Webcast _____

13. Total **minutes** of instruction: _____ Total **minutes** of legal ethics instruction: _____

[To calculate the number of minutes of instruction, total the number of minutes of instruction. *Do not include* time devoted to introduction or conclusion periods, breaks or meals.]

I certify the information provided is true and correct and that, in my opinion, all segments of this program requested for accreditation meet the standards for accreditation set forth in the chapter 41 of the rules of the Supreme Court of Iowa.

Dated this ____ day of _____, 20_____.

_____
Signature