

MCLE FORM 2: Group CLE Activity Accreditation Application

Instructions:

Pursuant to MCLE Rule 4.2(d), sponsors of Group CLE Activities must apply for accreditation no later than 30 days after the completion of the CLE activity. Individual bar members may also apply on their own behalf for accreditation of a Group CLE Activity by using this form. No fee is required. The sponsor fee is \$40 for a program of 4 or fewer hours and \$75 for a program of more than 4 hours. The sponsor fee for a series of programs not exceeding 3 hours in 3 consecutive months is \$40. A sponsor fee is required for each repeat (live or electronic) of the programs. (See MCLE Rule 4.2(c).)

Name and address of person or organization applying (Please print. This will be mailing label): Robin S. Ringo Public Investors Arbitration Bar Association - PIABA 2415 A Wilcox Drive Norman, OK 73069		Applying As (check one): <input checked="" type="checkbox"/> Sponsor <input type="checkbox"/> Individual Member Bar # <input type="text"/>
Phone: 405-360-8776 Email: rringo@piaba.org		Contact Person (Sponsors only): Robin S. Ringo
Title of CLE Activity: 2018 PIABA Mid-Year CLE Event: Current Issues in Securities Dispute Resolut		
Name of CLE Sponsor (if not the applicant):		Phone:
Date(s) and Location(s) of CLE Activity Date(s): May 5, 2018 Location(s) (city/state): Los Angeles, CA	Number of credits requested: General <u>420</u> Practical Skills _____ A/J _____ Prof. Resp.: Ethics _____ Abuse Reporting _____ TOTAL <u>420</u>	
Delivery method(s): <input checked="" type="checkbox"/> faculty in room with participants; <input type="checkbox"/> teleconference; <input type="checkbox"/> interactive videoconference; <input type="checkbox"/> cd/dvd; <input type="checkbox"/> live webcast; <input type="checkbox"/> on-demand		
Is this a replay? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please identify program producer:		
Will this program include the use of written materials? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) Total pages:		List any attendance restrictions [See MCLE Rule 5.1(d)] n/a
Describe sponsor's experience in providing CLE activities:		
This application will not be processed unless the following are enclosed: <input checked="" type="checkbox"/> Copy of the program agenda showing timelines <input checked="" type="checkbox"/> Biographical information on the program faculty <input checked="" type="checkbox"/> Copy or sample (15-20 pages) of program's written materials - include ethics portion if applicable <input checked="" type="checkbox"/> Sponsor Fee		
Sponsor/Member Signature: <i>Robin S. Ringo</i>		Date: 3/26/2018

OSB MCLE Office Use Only		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Fee Paid: <u>75</u> <i>chc</i> <u>7133</u>	MCLE Credits: General: <u>7.5</u>
MCLE Dept: <i>CPMG</i>	Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethics:
Date: <u>4/4/18</u>	Program No.: <u>2547*33</u>	Abuse Reporting:
		A/J:
		General or Practical Skills:
		Total: <u>7.5</u>

Make a copy of this form for your records and mail the original to:
 Oregon State Bar MCLE, 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935
 or mcle@osbar.org

(503) 620-0222 X368 or 1-800-452-8260 X368