

<b>APPLICATION TO THE STATE OF:</b>		<b>MCLE STATE NOTIFICATION OF ACCREDITATION</b>	
Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205		To be completed by the MCLE State regulatory agency and returned to applicant.	
<b>1 SPONSORING ORGANIZATION INFORMATION</b>		Course Number: _____ Date: <u>9/5/18</u>	
NAME Public Investors Arbitration Bar Association - 'PIABA'		The following action has been taken on this application:	
ADDRESS 2415 A Wilcox Drive		<input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>13.8</u> CLE credits Including <u>2.7</u> Ethics Credits <span style="float: right; font-style: italic;">Securities Law 5.0 1.0</span>	
CITY Norman	STATE OK	ZIP 73069	Other Credit Breakdown: _____ (if applicable)
TELEPHONE 405-360-8776	FAX 405-360-2063	<input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.)	
EMAIL rsringo@piaba.org		<input type="checkbox"/> <b>RETURNED</b> for the request of additional information. Please complete each item on the form as indicated by the numbers circled below.	
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b>		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
2018 PIABA Securities Law Seminar and Annual Meeting		<input type="checkbox"/> <b>OTHER</b> Regulator Comments:	
<b>3 DATE(S)</b>	<b>LOCATION(S)</b>		
October 9-12, 2018	Bonita Springs, Florida		
<b>4 REGISTRATION FEE:</b> \$1,400			
<b>5 WRITING SURFACE AVAILABLE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6 METHODS OF PRESENTATION:</b>			
<input checked="" type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input type="checkbox"/> Other: <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Internet On-Demand (Interactive) <input checked="" type="checkbox"/> Discussion Leader present			
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clereg.org/lawClassifications.asp">https://www.clereg.org/lawClassifications.asp</a> )			
1. Business Additional Codes Optional: 2 3. 4.			
<b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels			
<b>8 ADVERTISED TO:</b> <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) Paralegals; #			
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b> N/A			
<b>10 IN-HOUSE ACTIVITY INFORMATION</b> (See Local Rules for Applicability)			
Open/Publicized to Outside Lawyers <input type="checkbox"/> Yes <input type="checkbox"/> No Outsiders are _____ % of Faculty & Clients are _____ % of audience If not open, please specify reason:			
<b>11 METHOD OF EVALUATION:</b> <input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:			
<b>12 MATERIALS DESCRIPTION</b>			
Total Pages: <u>500+</u> <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: <input checked="" type="checkbox"/> Before Program <input checked="" type="checkbox"/> At Program <input checked="" type="checkbox"/> Other: Electronically			
<b>13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:</b>		<b>APPLICANT INFORMATION</b> (please print)	
a. Time Schedule/Agenda (Brochure, Outline, Description) b. Table of Contents c. Faculty Description d. Complete Set of Materials and Fees (Only in states where required)		Sponsor Representative Name: Robin S. Ringo Title: Executive Director	
<b>14 CREDITS REQUESTED:</b>		Complete the following if filed by individual attorney:	
Indicate minutes of instruction not including breaks, meals or introductions:		Attorney Name:	
General/Substantive: <u>1475</u>		Address:	
Ethics: <u>250</u>		City: _____ State: _____ Zip: _____	
Substance Abuse: _____		Contact Number:	
Other: _____		Email:	
Total: <u>1725</u>		<b>15 ACCREDITATION BY OTHER STATES:</b>	
GRANTED: applying 30+ DENIED:		<b>16 SUBMITTED BY:</b> <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer	
Please Complete and sign Applicant Information →		SIGN HERE <u>Robin S. Ringo</u> Date: 7/26/2018	