

<b>APPLICATION TO THE STATE OF:</b> Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205		<b>MCLE STATE NOTIFICATION OF ACCREDITATION</b> To be completed by the MCLE State regulatory agency and returned to applicant.  Course Number: _____ Date: <u>3/21/19</u>  The following action has been taken on this application: <input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>6.0</u> CLE credits Including <u>1.0</u> Ethics Credits  Other Credit Breakdown: _____ (if applicable)  <input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.)  <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.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  <input type="checkbox"/> <b>OTHER</b> Regulator Comments:																			
<b>1 SPONSORING ORGANIZATION INFORMATION</b> NAME Public Investors Arbitration Bar Association - 'PIABA'  ADDRESS 1225 W. Main St., Ste. 126  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CITY</td> <td style="width: 30%;">Norman</td> <td style="width: 10%;">STATE</td> <td style="width: 10%;">OK</td> <td style="width: 10%;">ZIP</td> <td style="width: 20%;">73069</td> </tr> <tr> <td>TELEPHONE</td> <td>FAX</td> <td colspan="4">EMAIL</td> </tr> <tr> <td>405-360-8776</td> <td>405-360-2063</td> <td colspan="4">rsringo@piaba.org</td> </tr> </table>		CITY	Norman	STATE	OK	ZIP	73069	TELEPHONE	FAX	EMAIL				405-360-8776	405-360-2063	rsringo@piaba.org					
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<b>2 TITLE OF EDUCATIONAL ACTIVITY</b> PIABA Mid-Year Meeting: Current Issues in Securities Arbitration																					
<b>3 DATE(S)</b> April 4, 2019 <b>LOCATION(S)</b> Washington, DC																					
<b>4 REGISTRATION FEE:</b> \$350 <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 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 %)																					
<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 type="checkbox"/> Before Program <input type="checkbox"/> At Program <input checked="" type="checkbox"/> Other: Electronic																					
<b>13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:</b> 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)																					
<b>14 CREDITS REQUESTED:</b> Indicate minutes of instruction not including breaks, meals or introductions:  General/Substantive: <u>300</u> Ethics: <u>60</u> Substance Abuse: _____ Other: _____ Total: <u>360</u>																					
<b>15 ACCREDITATION BY OTHER STATES:</b> GRANTED: DENIED: applying 15+		<b>APPLICANT INFORMATION</b> (please print)  Sponsor Representative Name: Robin S. Ringo Title: Executive Director  Complete the following if filed by individual attorney: Attorney Name:  Address:  City: _____ State: _____ Zip: _____  Contact Number:  Email:																			
<b>16 SUBMITTED BY:</b> <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer Please Complete and sign Applicant Information →																					

SIGN  
HERE

Date: 03/18/2019

*Robin S. Ringo*  
 PIABA, Exec. Dir.