

<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>1/27/21</u> The following action has been taken on this application: <input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>17.0</u> CLE credits Including <u>3.0</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 Advocate Bar Association - 'PIABA'			
ADDRESS 1225 W. Main St., Ste. 126			
CITY	Norman	STATE	OK
TELEPHONE	405-360-8776	FAX	405-360-2063
ZIP	73069	EMAIL	rstringo@piaba.org
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b> 2020 PIABA Annual Meeting			
<b>3 DATE(S)</b> 10/20/2020 - 10/23/2020		<b>LOCATION(S)</b> Colorado Springs, Colorado	
<b>4 REGISTRATION FEE:</b> 1,450			
<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 checked="" type="checkbox"/> Live Web Cast <input checked="" type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input checked="" type="checkbox"/> Other: See Attached Verification <input checked="" 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, <input type="checkbox"/>			
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b> n/a			
<b>10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)</b> 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 (please print)</b>	
a. Time Schedule/Agenda (Brochure, Outline, Description)		Sponsor Representative	
b. Table of Contents		Name: Robin S. Ringo	
c. Faculty Description		Title: Executive Director	
d. Complete Set of Materials and Fees (Only in states where required)		Complete the following if filed by individual attorney:	
<b>14 CREDITS REQUESTED:</b> Indicate minutes of instruction not including breaks, meals or introductions:		Attorney Name:	
General/Substantive: <u>840</u>		Address:	
Ethics: <u>180</u>		City: _____ State: _____ Zip: _____	
Substance Abuse: <u>0</u>		Contact Number:	
Other: <u>0</u>		Email:	
Total: <u>1,020</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		<b>SIGNATURE</b> <u>Robin S. Ringo</u> : 9/8/2020	
Please Complete and sign Applicant Information →			