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|---|--------------------------|---|---------------------|
| <b>APPLICATION TO THE STATE OF:</b><br>Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205   |                          | <b>MCLE STATE NOTIFICATION OF ACCREDITATION</b><br>To be completed by the MCLE State regulatory agency and returned to applicant.<br>Course Number: _____ Date: <u>3/17/21</u><br>The following action has been taken on this application:<br><input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>4.0</u> CLE credits<br>Including <u>1.0</u> Ethics Credits<br>Other Credit Breakdown: _____<br>(if applicable)<br><input type="checkbox"/> <b>NOT APPROVED</b><br>(See comments below or additional information attached.)<br><input type="checkbox"/> <b>RETURNED</b> for the request of additional information.<br>Please complete each item on the form as indicated by the numbers circled below.<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16<br><input type="checkbox"/> <b>OTHER</b><br>Regulator Comments: |                     |
| <b>1 SPONSORING ORGANIZATION INFORMATION</b>  |                          |   |                     |
| NAME <b>Public Investors Advocate Bar Association - PIABA</b>   |                          |   |                     |
| ADDRESS <b>1225 W. Main St., Ste. 126</b>   |                          |   |                     |
| CITY  | <b>Norman</b>            | STATE   | <b>OK</b>           |
| TELEPHONE   | <b>405-360-8776</b>      | FAX   | <b>405-360-2063</b> |
| EMAIL   | <b>rsringo@piaba.org</b> |   |                     |
| <b>2 TITLE OF EDUCATIONAL ACTIVITY</b>  |                          |   |                     |
| <b>2021 PIABA Mid Year Meeting - Current Issues in Securities Arbitration</b>   |                          |   |                     |
| <b>3 DATE(S)</b>  |                          | <b>LOCATION(S)</b>  |                     |
| <b>April 23, 2021</b>   |                          | <b>Norman, OK</b>   |                     |
| <b>4 REGISTRATION FEE: \$195.00</b>   |                          |   |                     |
| <b>5 WRITING SURFACE AVAILABLE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                          |   |                     |
| <b>6 METHODS OF PRESENTATION:</b>   |                          |   |                     |
| <input type="checkbox"/> Faculty in Room with Participants  |                          | <input type="checkbox"/> Telephone to Broadcast Site  |                     |
| <input checked="" type="checkbox"/> Interactive Video   |                          | <input type="checkbox"/> Satellite  |                     |
| <input type="checkbox"/> Audio Presentation   |                          | <input type="checkbox"/> Videotape Presentation   |                     |
| <input type="checkbox"/> Internet On-Demand (Interactive)   |                          | <input checked="" type="checkbox"/> Discussion Leader present   |                     |
|   |                          | <input checked="" type="checkbox"/> Live Web Cast   |                     |
|   |                          | <input checked="" type="checkbox"/> Other: <b>See Attached Verification</b>   |                     |
| <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. <b>Business</b> 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 (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>1200</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: <b>Electronically</b>                       |                          |   |                     |
| <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: <b>Robin S. Ringo</b>   |                     |
| c. Faculty Description  |                          | Title: <b>Executive Director</b>  |                     |
| d. Complete Set of Materials and Fees (Only in states where required)   |                          |   |                     |
| <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>240</u>   |                          | Address:  |                     |
| Ethics: <u>60</u>   |                          | City: _____ State: _____ Zip: _____   |                     |
| Substance Abuse: _____  |                          | Contact Number: _____   |                     |
| Other: _____  |                          | Email: _____  |                     |
| Total: <u>300</u>   |                          |   |                     |
| <b>15 ACCREDITATION BY OTHER STATES:</b>  |                          |   |                     |
| GRANTED: <b>applying 30+</b>  |                          |   |                     |
| DENIED: _____   |                          |   |                     |
| <b>16 SUBMITTED BY:</b> <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer   |                          | SIGN HERE <i>Robin S. Ringo</i> 3/3/2021  |                     |
| Please Complete and sign Applicant Information →  |                          |   |                     |