

APPLICATION TO THE STATE OF: Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205		MCLE STATE NOTIFICATION OF ACCREDITATION	
1 SPONSORING ORGANIZATION INFORMATION		To be completed by the MCLE State regulatory agency and returned to applicant.	
NAME Public Investors Advocate Bar Association - PIABA		Course Number: _____ Date: <u>3/22/22</u>	
ADDRESS 1225 W. Main St., Ste. 126		The following action has been taken on this application:	
CITY <u>Norman</u> STATE <u>OK</u> ZIP <u>73069</u>		<input checked="" type="checkbox"/> APPROVED for a total of <u>5.0</u> CLE credits Including <u>1.0</u> Ethics Credits	
TELEPHONE 405-360-8776 FAX 405-360-2063 EMAIL <u>bmitchell@piaba.org</u>		Other Credit Breakdown: _____ (if applicable)	
2 TITLE OF EDUCATIONAL ACTIVITY		<input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.)	
2022 PIABA Mid-Year Meeting: Getting Grandma's Nest Egg Back		<input type="checkbox"/> RETURNED for the request of additional information. Please complete each item on the form as indicated by the numbers circled below.	
3 DATE(S) April 21, 2022		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
LOCATION(S) Norman, OK		<input type="checkbox"/> OTHER Regulator Comments:	
4 REGISTRATION FEE: \$195.00			
5 WRITING SURFACE AVAILABLE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 METHODS OF PRESENTATION:			
<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 checked="" type="checkbox"/> Audio Presentation		<input checked="" 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: See Attached Verification	
7 TYPE OF LAW CODE(S): (Available for review: _____)			
1. Business Additional Codes Optional: 2 3. 4.			
DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels			
8 ADVERTISED TO: <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) Paralegals; M			
9 LIST ANY ADMISSION RESTRICTIONS: n/a			
10 IN-HOUSE ACTIVITY INFORMATION (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:			
11 METHOD OF EVALUATION: <input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other			
12 MATERIALS DESCRIPTION			
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			
13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:		APPLICANT INFORMATION (please print)	
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:	
14 CREDITS REQUESTED:		Attorney Name:	
Indicate minutes of instruction not including breaks, meals or introductions:		Address:	
General/Substantive: <u>240</u>		City: _____ State: _____ Zip: _____	
Ethics: <u>60</u>		Contact Number:	
Substance Abuse: _____		Email:	
Other: _____			
Total: <u>300</u>			
15 ACCREDITATION BY OTHER STATES:			
GRANTED: applying 30+			
DENIED:			
16 SUBMITTED BY: <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer		SIGN HERE <u>Robin S. Ringo</u> Date: 2/16/2022	
Please Complete and sign Applicant Information →			