

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>11/22/22</u>	
ADDRESS 1225 W. Main St., Ste. 126		The following action has been taken on this application:	
CITY Norman STATE OK ZIP 73069		<input checked="" type="checkbox"/> APPROVED for a total of <u>18.0</u> CLE credits Including <u>4.0</u> Ethics Credits	
TELEPHONE 405-241-5383 FAX 405-360-2063 EMAIL bmittchell@piaba.org		Other Credit Breakdown: _____ (if applicable)	
2 TITLE OF EDUCATIONAL ACTIVITY 2022 PIABA Annual Meeting		<input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.)	
3 DATE(S) October 25-28, 2022 LOCATION(S) San Antonio, Texas		<input type="checkbox"/> RETURNED for the request of additional information. Please complete each item on the form as indicated by the numbers circled below.	
4 REGISTRATION FEE: \$1,500.00		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
5 WRITING SURFACE AVAILABLE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> OTHER Regulator Comments:	
6 METHODS OF PRESENTATION:			
<input checked="" type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Telephone to Broadcast Site <input checked="" type="checkbox"/> Live Web Cast			
<input type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input checked="" type="checkbox"/> Other: Please see Verification			
<input type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation			
<input type="checkbox"/> Internet On-Demand (Interactive) <input checked="" type="checkbox"/> Discussion Leader present			
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; <input type="checkbox"/>			
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		APPLICANT IN FORMATION (please print)	
Total Pages: 500+ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied		Sponsor Representative	
Distributed: <input checked="" type="checkbox"/> Before Program <input type="checkbox"/> At Program <input checked="" type="checkbox"/> Other: Electronically		Name: Robin S. Ringo	
13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:		Title: Executive Director	
a. Time Schedule/Agenda (Brochure, Outline, Description)		Complete the following if filed by individual attorney:	
b. Table of Contents		Attorney Name:	
c. Faculty Description		Address:	
d. Complete Set of Materials and Fees (Only in states where required)		City: _____ State: _____ Zip: _____	
14 CREDITS REQUESTED:		Contact Number:	
Indicate minutes of instruction not including breaks, meals or introductions:		Email:	
General/Substantive: 780			
Ethics: 240			
Substance Abuse: _____			
Other: _____			
Total: 1,020			
15 ACCREDITATION BY OTHER STATES:		16 SUBMITTED BY: <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer	
GRANTED: applying 30+		SIGN HERE <u>Robin S. Ringo</u> Date: 9/2/2022	
DENIED:		Please Complete and sign Applicant Information →	