


<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>3/21/23</u> The following action has been taken on this application: <input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>5</u> CLE credits Including <u>1</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 1300 McGee Dr., Ste. 112  CITY Norman STATE OK ZIP 73072 TELEPHONE 405-241-5383 FAX _____ EMAIL bmittchell@piaba.org			
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b> 2023 PIABA Mid Year Meeting			
<b>3 DATE(S)</b> April 27, 2023 <b>LOCATION(S)</b> Norman, OK			
<b>4 REGISTRATION FEE:</b> 250.00			
<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"/> 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 %) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outsiders are <u>5</u> % of Faculty & Clients are <u>95</u> % 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>200</u> <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: <input checked="" type="checkbox"/> Before Program <input type="checkbox"/> At Program <input type="checkbox"/> Other: Electronically			
<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>APPLICANT INFORMATION (please print)</b> Sponsor Representative Name: Beverly K. Mitchell Title: Administrative Assistant Complete the following if filed by individual attorney: Attorney Name: Address: City: State: Zip: Contact Number: Email:	
<b>14 CREDITS REQUESTED:</b> Indicate minutes of instruction not including breaks, meals or introductions: General/Substantive: <u>240</u> Ethics: <u>60</u> Substance Abuse: _____ Other: _____ Total: <u>300</u>			
<b>15 ACCREDITATION BY OTHER STATES:</b> GRANTED: applying 20+ DENIED:			
<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: <u>3-15-23</u>	