



# Uniform Application for Approval of Continuing Legal Education

<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>		
<b>1 SPONSORING ORGANIZATION INFORMATION</b>		To be completed by the MCLE State regulatory agency and returned to applicant. Course Number: _____ Date: <u>10/10/23</u> The following action has been taken on this application: <input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>16.5</u> CLE credits Including <u>5.5</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:		
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 Annual Meeting				
<b>3 DATE(S)</b> October 24-27, 2023		<b>LOCATION(S)</b> Colorado Springs, Colorado		
<b>4 REGISTRATION FEE:</b> \$1,695.00				
<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"/> Interactive Video <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Satellite <input type="checkbox"/> Videotape Presentation <input checked="" type="checkbox"/> Discussion Leader present <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Other:		
<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		
<b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels		3. 4.		
<b>8 ADVERTISED TO:</b> <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) Experts, 20+				
<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 type="checkbox"/> At Program <input checked="" type="checkbox"/> Other: Electronically				
<b>13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:</b>		<b>APPLICANT INFORMATION</b> (please print)		
a. Time Schedule/Agenda (Brochure, Outline, Description)		Sponsor Representative		
b. Table of Contents		Name: Beverly K. Mitchell		
c. Faculty Description		Title: Administrative Assistant		
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>660</u>		Address:		
Ethics: <u>330</u>		City: _____ State: _____ Zip: _____		
Substance Abuse: _____		Contact Number: _____		
Other: _____		Email: _____		
Total: <u>990</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		SIGN HERE  Date: 8/22/2023		
Please Complete and sign Applicant Information →				