


<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.	
NAME Public Investors Advocate Bar Association - PIABA		Course Number: _____ Date: <u>1/10/24</u>	
ADDRESS 1300 McGee Dr., Ste. 112		The following action has been taken on this application:	
CITY Norman STATE OK ZIP 73072		<input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>5.0</u> CLE credits Including <u>0</u> Ethics Credits	
TELEPHONE 405-241-5383 FAX _____ EMAIL bmittchell@piaba.org		Other Credit Breakdown: _____ (if applicable)	
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b>		<input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.)	
State Securities Regulators' Expungement Arbitrator Training		<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.	
<b>3 DATE(S)</b> November 14-15, 2023		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
<b>LOCATION(S)</b> Alabama Securities Commission, Montgoir		<input type="checkbox"/> <b>OTHER</b> Regulator Comments:	
<b>4 REGISTRATION FEE:</b> \$0.00			
<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"/> Telephone to Broadcast Site	
<input 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 type="checkbox"/> Discussion Leader present	
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: _____)			
1. Business Additional Codes Optional: 2. _____ 3. _____ 4. _____			
<b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input checked="" type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels			
<b>8 ADVERTISED TO:</b> <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)			
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b> n/a			
<b>10 IN-HOUSE ACTIVITY INFORMATION</b> (See Local Rules for Applicability)			
Open/Publicized to Outside Lawyers <input checked="" 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 type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:			
<b>12 MATERIALS DESCRIPTION</b>			
Total Pages: _____ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied			
Distributed: <input 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 Mitchell	
c. Faculty Description		Title: Administrative Assistant	
d. Complete Set of Materials and Fees (Only in states where required)		Complete the following if filed by individual attorney:	
<b>14 CREDITS REQUESTED:</b>		Attorney Name:	
Indicate minutes of instruction not including breaks, meals or introductions:		Address:	
General/Substantive: 300		City: _____ State: _____ Zip: _____	
Ethics: 0		Contact Number:	
Substance Abuse: 0		Email:	
Other: 0			
Total: 300			
<b>15 ACCREDITATION BY OTHER STATES:</b>			
GRANTED: applying 10+			
DENIED:			
<b>16 SUBMITTED BY:</b> <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer		SIGN HERE  Date: 11/20/2023	
Please Complete and sign Applicant Information ->			