

WV SPONSOR APPLICATION FOR ACCREDITATION OF MCLE

1. Sponsoring Organization (Name, Mailing Address):

Public Investors Arbitration Bar Association
2415 Wilcox Drive, A
Norman, OK 73069

Telephone: **(405) 360-8776**
Fax: **(405) 360-2063**
E-Mail: **rsringo@piaba.org**

2. Title of Educational Activity: **PIABA 18th Annual Meeting**

3. Date(s) and Location(s): **October 29, 2009 – October 31, 2009**
La Costa Resort & Spa, Carlsbad, CA

4. Registration Fee: **\$1150**

5. Writing Surface Available: **YES**

6. Delivery Method(s): faculty in room with participants; telephone to broadcast site;

interactive video; satellite; audiotape presentation; videotape presentation;

interactive computer over internet; discussion leader present

7. Advertised to: Lawyers; Clients; Others CPA's, Mediators, Arbitrators (specify, list %): 30%

8. List any admission restrictions: **N/A**

9. "In-house activity" requirement (see local rules to determine applicability):

open/publicized to outside lawyers; outsiders are _____ % of faculty; clients are
 % of audience

10. Method of evaluation: participant critique; independent evaluator; none; other

11. Description of materials to be distributed: total pages 150+ looseleaf; bound

Distributed: Before Program; At Program; Other - **PIABA will give registrants the opportunity to download written materials from the PIABA website in a searchable .pdf format and/or receive a bound copy of the materials. The download will be available to registrants 30 days prior to the Annual Meeting.**

12. Required Attachments to this application:

a. time schedule (brochure, outline, course description)

b. table of contents or equivalent

c. faculty name(s) and credentials (if not in brochure or description)

d. \$25 fee for each application (payable to the WV State Bar)

13. Total MINUTES of instruction, not including breaks, meals, or introductions/closing remarks:

780

GENERAL (non-ethics): **720**

Ethics (minutes): **60**

Substance Abuse (minutes):

Office Management (minutes):

TOTAL MINUTES:

14. Approval by other states: Granted by: applied to 20 + states
Denied by:

15. Submitted by [XX] employee of sponsor/provider; [] individual lawyer
SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with all local rules and regulations attached.

Sponsor Representative **Robin S. Ringo**

Signature: *Robin S. Ringo*

Title: **Executive Director**

Date: May 11, 2009

STATE ACCREDITATION OFFICE DECISION (To be completed by the state accreditation office and returned to applicant)

[] RETURNED for more information. Please complete each item on the form indicated by the number(s) circled: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

APPROVED for 15.60 CLE credits,
including 1.20 Ethics/Office Mgmt/Substance Abuse

[] DENIED Reference:

SEE ATTACHED MATERIALS

DATE: 5-28-09
CLE Staff: *Hope & Gresham*

The West Virginia State Bar

2006 Kanawha Boulevard, East - Charleston, WV 25311-2204

Phone: (304) 558-2456 - Fax: (304) 558-2467 - WV Toll Free: 866-989-8227

All contents copyright (C) 1995-2001, The WV State Bar. All rights reserved.

Last Revised: 04/14/2003 09:51:29 AM - Send Comments to: webmaster@wvbar.org

URL: <http://www.wvbar.org/barinfo/cle/individualsponsorapp.htm>

WEST VIRGINIA MANDATORY CONTINUING LEGAL EDUCATION COMMISSION
2006 Kanawha Boulevard, East
Charleston, WV 25311-2204
(304) 558-7992
FAX - (304) 558-2467

Hope L. Gresham
MCLE Coordinator

Home Page Address - www.wvbar.org
e-mail-greshamh@wvbar.org

TO: Continuing Legal Education Provider

FROM: Hope L. Gresham, MCLE Coordinator

Hope L. Gresham

RE: MCLE Regulations for Sponsors

Please be advised that in West Virginia, MCLE Regulation 4(1)(c) requires that sponsors maintain a list of lawyers in attendance at any approved program for at least three years. Those in attendance at approved MCLE seminars may file credits earned on a certificate of attendance that you provide at the seminar, or on Form C which the attorneys periodically receive from our office, or the attorney may submit credits earned online. A blank West Virginia Certificate is enclosed for your use. The form may be photocopied. The sponsor must complete the top portions of the certificate including the sponsor, activity title, date, location and the total number of credits possible (including any legal ethics, law office management, substance abuse and/or elimination of bias in the legal profession credits.) The attorney completes the actual number of credits earned, his/her name, State Bar identification number, address, telephone, fax, attorney signature and date. We ask that the attorney complete the form and return to the sponsor. If possible, we request that the sponsor file the attendees' certificates no later than thirty days after completion of the activity. We will also accept direct submission of the certificates from the attorney.

Please be advised that we are unable to enter credits for attorneys if only an attendance list is provided to our office. We must receive a certificate of attendance or Form C in order to enter credits earned by those in attendance. Attorneys may also file credits earned online.

West Virginia credits are based upon a fifty minute credit hour. Introductory/closing remarks, breaks, luncheon/dinner speeches, keynote addresses, business meetings, etc., do not qualify for MCLE credit.

Thank you for your cooperation. If you have any questions, please do not hesitate to contact me.

WEST VIRGINIA CERTIFICATE OF ATTENDANCE

Within 30 days of the activity, this certificate should be filed with the appropriate MCLE Board(s) or Commission(s)

Sponsor: _____

Activity Title: _____

Date: _____

Location: _____

This program has been approved for a total of:

_____ CLE credit hours based on 50 minute hour

_____ CLE credit hour(s) of the total credits listed above is/are devoted to instruction in legal ethics/law office management/substance abuse/elimination of bias in the legal profession

Reminder: Introductory remarks, keynote addresses, business meetings, breaks, receptions, etc. are not included in the computation of credit

TO BE COMPLETED BY ATTORNEY

By signing below, I certify that I attended the activity described above and am entitled to claim _____ CLE credit hours, including _____ CLE credits in legal ethics/office management/substance abuse/elimination of bias in the legal profession.

Attorney Name (Print)

State Bar ID Number

Street or PO Box

Telephone Number

City State Zip

FAX Number

E-mail

IF THIS IS A CHANGE OF ADDRESS PLEASE CHECK []

Attorney Signature

Date

Return to:

MCLE Commission
West Virginia State Bar
2006 Kanawha Blvd. East
Charleston, WV 25311-2204

Fax: 304/558-2467