




# Uniform Application for Approval of Continuing Legal Education

<b>APPLICATION TO THE STATE OF:</b> MISSISSIPPI-Commission on CLE, PO 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>7/19/12</u> The following action has been taken on this application: <input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>13.8</u> CLE credits including <u>1.0</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 Arbitration Bar Association "PIABA" ADDRESS 2415 A Wilcox Drive CITY Norman STATE OK ZIP 73069 TELEPHONE (405) 360-8776 FAX (405) 360-2063 EMAIL rringo@piaba.org			
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b> PIABA 21st Annual Meeting			
<b>3 DATE(S)</b> 10/25 - 10/27, 2012 <b>LOCATION(S)</b> Barton Creek Resort Austin, TX			
<b>4 REGISTRATION FEE:</b> \$1200.00			
<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"/> 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.cle.org/lawClassifications.asp">https://www.cle.org/lawClassifications.asp</a> ) 1. BUS. 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 type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) 30% Mediators/Paralegals			
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b> Arbitrators/CPA's			
<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>400+</u> <input type="checkbox"/> Loose leaf <input checked="" type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: <input checked="" type="checkbox"/> Before Program <input checked="" type="checkbox"/> At Program <input checked="" type="checkbox"/> Other: Online to registrants			
<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: <u>Robin S. Ringo</u> Title: <u>Executive Director</u>	
<b>14 CREDITS REQUESTED:</b> Indicate minutes of instruction not including breaks, meals or introductions: General/Substantive: <u>765</u> Ethics: <u>60</u> Substance Abuse: _____ Other: _____ Total: <u>825</u>		Complete the following if filed by individual attorney: Attorney Name: Address: City: _____ State: _____ Zip: _____ Contact Number: Email: 	
<b>15 ACCREDITATION BY OTHER STATES:</b> GRANTED: Applied to 30+ states 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>6/15/2012</u>	