



Uniform Application for Approval of Continuing Legal Education

APPLICATION TO THE STATE OF: MISSISSIPPI-Commission on CLE, PO Box 369, Jackson, MS 39205		MCLE STATE NOTIFICATION OF ACCREDITATION To be completed by the MCLE State regulatory agency and returned to applicant. Course Number: _____ Date: <u>4/29/13</u> The following action has been taken on this application: <input checked="" type="checkbox"/> APPROVED for a total of <u>13</u> CLE credits including <u>0</u> Ethics Credits Other Credit Breakdown: _____ (if applicable) <input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.) <input type="checkbox"/> RETURNED 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"/> OTHER Regulator Comments:	
1 SPONSORING ORGANIZATION INFORMATION 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 rsringo@piaba.org			
2 TITLE OF EDUCATIONAL ACTIVITY Litigation in a Box: Variable Universal Life			
3 DATE(S) August 15, 2013	LOCATION(S) PIABA Office/Norman, OK		
4 REGISTRATION FEE: \$95			
5 WRITING SURFACE AVAILABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 METHODS OF PRESENTATION: <input type="checkbox"/> Faculty in Room with Participants <input checked="" 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 checked="" type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input checked="" type="checkbox"/> Internet On-Demand (Interactive) <input checked="" type="checkbox"/> Discussion Leader present			
7 TYPE OF LAW CODE(S): (Available for review: https://www.clerg.org/lawClassifications.asp) 1. BUS. Additional Codes Optional: 2. 3. 4. DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels			
8 ADVERTISED TO: <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) Paralegals/Legal Assistants (10%)			
9 LIST ANY ADMISSION RESTRICTIONS:			
10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability) 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:			
11 METHOD OF EVALUATION: <input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:			
12 MATERIALS DESCRIPTION Total Pages: <u>15</u> <input type="checkbox"/> Loose leaf <input 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			
13 REQUIRED ATTACHMENTS TO THIS APPLICATION: 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)		APPLICANT INFORMATION (please print) Sponsor Representative Name: Robin S. Ringo Title: Executive Director	
14 CREDITS REQUESTED: Indicate minutes of instruction not including breaks, meals or introductions: General/Substantive: <u>75</u> Ethics: _____ Substance Abuse: _____ Other: _____ Total: <u>75</u>		Complete the following if filed by individual attorney: Attorney Name: Address: City: State: Zip: Contact Number: Email:	
15 ACCREDITATION BY OTHER STATES: GRANTED: Applied to 15+ states DENIED:			
16 SUBMITTED BY: <input checked="" type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer Please Complete and sign Applicant Information →		SIGN HERE <u>Robin S. Ringo</u> Date: <u>6-10-2013</u>	