



Uniform Application for Approval of Continuing Legal Education

APPLICATION TO THE STATE OF:
MISSISSIPPI-Commission on CLE, PO Box 369, Jackson, MS 39205

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
PIABA 23rd Annual Meeting

3 DATE(S) 10/23/14-10/25/14 LOCATION(S) La Quinta Resort & Spa La Quinta, CA

4 REGISTRATION FEE: \$1250

5 WRITING SURFACE AVAILABLE: Yes No

6 METHODS OF PRESENTATION:
 Faculty in Room with Participants Telephone to Broadcast Site Live Web Cast
 Interactive Video Satellite Other:
 Audio Presentation Videotape Presentation
 Internet On-Demand (Interactive) Discussion Leader present

7 TYPE OF LAW CODE(S): (Available for review: <https://www.clereg.org/lawClassifications.asp>)
1. BUS. Additional Codes Optional: 2. 3. 4.

DEGREE OF DIFFICULTY: Beginner Intermediate Advanced All Levels

8 ADVERTISED TO: Lawyers Clients Others (Specify/Indicate %) 30% Mediators/Paralegals

9 LIST ANY ADMISSION RESTRICTIONS: Arbitrators/CPA's

10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)
Open/Publicized to Outside Lawyers Yes No
Outsiders are _____ % of Faculty & Clients are _____ % of audience
If not open, please specify reason:

11 METHOD OF EVALUATION: Participant Critique Independent Evaluator None Other:

12 MATERIALS DESCRIPTION
Total Pages: 400+ Loose leaf Bound No materials supplied
Distributed: Before Program At Program Other: Online to registrants

13 REQUIRED ATTACHEMENTS 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: 660
Ethics: 135
Substance Abuse:
Other: Please evaluate for professionalism if applicable
Total: 795

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 30+ states
DENIED:

16 SUBMITTED BY: Course Sponsor Individual Lawyer
Please Complete and sign Applicant Information →

SIGN HERE
Robin S. Ringo Date: 5-16-14

MCLE STATE NOTIFICATION OF ACCREDITATION

To be completed by the MCLE State regulatory agency and returned to applicant.

Course Number: _____ Date: 7/7/14

The following action has been taken on this application:

APPROVED for a total of 13.3 CLE credits including 2.3 Ethics Credits

Other Credit Breakdown (if applicable) _____

NOT APPROVED (See comments below or additional information attached)

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

OTHER
Regulator Comments:

10/23
10/24
11/25

outside state