

<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>1/15/14</u>  The following action has been taken on this application: <input checked="" type="checkbox"/> <b>APPROVED</b> for a total of <u>13</u> CLE credits including <u>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 18 <input type="checkbox"/> <b>OTHER</b> Regulator Comments:	
<b>1 SPONSORING ORGANIZATION INFORMATION</b> NAME <u>Public Investors Arbitration Bar Association "PIABA"</u>  ADDRESS <u>2415 A Wilcox Drive</u>  CITY <u>Norman</u> STATE <u>OK</u> ZIP <u>73069</u> TELEPHONE <u>(405) 360-8776</u> FAX <u>(405) 360-2063</u> EMAIL <u>rsringo@piaba.org</u>			
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b> <u>Simplified Arbitration; The 'Ms. Congeniality of the FINRA Code of Arbitration Procedure</u>			
<b>3 DATE(S)</b> <u>February 20, 2014</u> <b>LOCATION(S)</b> <u>Norman, OK</u>			
<b>4 REGISTRATION FEE:</b>			
<b>5 WRITING SURFACE AVAILABLE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6 METHODS OF PRESENTATION:</b> <input type="checkbox"/> Faculty in Room with Participants <input 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 type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Internet On-Demand (Interactive) <input checked="" type="checkbox"/> Discussion Leader present			
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clerereg.org/lawClassifications.asp">https://www.clerereg.org/lawClassifications.asp</a> ) 1. <u>BUS</u> 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 checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) <u>Para-legals; Legal Assistants</u>			
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b>			
<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: _____ <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: <u>Online to registrants</u>			
<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>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:	
<b>15 ACCREDITATION BY OTHER STATES:</b> GRANTED: <u>Applied to 20+ states</u> 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 <u>Robin S. Ringo</u> Date: <u>1/10/14</u>	