



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>12/16/16</u> The following action has been taken on this application: <input checked="" type="checkbox"/> APPROVED for a total of <u>6.7</u> CLE credits including <u>5</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 18 <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 Law Office Technology From A to Z for the FINRA Arbitration Practice			
3 DATE(S) December 15, 2016	LOCATION(S) Norman, OK		
4 REGISTRATION FEE: \$125.00			
5 WRITING SURFACE AVAILABLE. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 METHODS OF PRESENTATION: <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 type="checkbox"/> Discussion Leader present			
7 TYPE OF LAW CODE(S): (Available for review: https://www.cle.org/low/lowclassifications.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			
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: _____ <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 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: <u>100</u> Ethics: _____ Substance Abuse: _____ Other: _____ Total: <u>100</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 _____ Date: _____	