

OKLAHOMA BAR ASSOCIATION
MANDATORY CONTINUING LEGAL EDUCATION COMMISSION

FORM 4
1-11-93

1901 N. Lincoln Boulevard
P.O. Box 53036
Oklahoma City, OK 73152

REQUEST FOR APPROVAL OF LIVE IN-HOUSE CONTINUING LEGAL EDUCATION ACTIVITY

A live in-house activity is a live CLE program sponsored by a single private law firm, a single corporate law department or a single federal, state or local governmental entity for lawyers who are members or employees of the firm, department or entity.

This form must be prepared and submitted by a representative of the firm and submitted at least 45 days prior to the date the program is scheduled.

A live in-house activity shall meet all the following requirements to be accredited:

-The activity shall meet the standards for program approval outlined in MCLE Regulation 4 and shall be approved prior to its presentation.

-At least 50 percent of the hours of approved instruction shall be taught by instructors having no continuing relationship or employment with the sponsoring firm, department or entity.

-If space is available, the activity shall be adequately publicized and reasonable opportunity be given for outside lawyers to attend the program.

-The activity must be scheduled at a time and location so as to be free of interruptions from telephone calls and other office matters.

1. Firm Name: _____ 2. Contact Person: _____

3. Mailing Address: _____

4. Telephone Number: _____ 5. Title of Seminar: _____

6. Location: _____ 7. Date(s): _____

8. Advertised to: _____

9. Total minutes of instruction: _____ Total Minutes of Legal Ethics Instruction: _____

10. REQUIRED ATTACHMENTS TO THIS APPLICATION:

- a. An outline of the program that includes the time allotted for each segment or topic.
- b. A description of each faculty member's educational and professional background including including their association with the firm.
- c. A set of the materials that will be distributed to participants.

11. In submitting this application, the firm acknowledges and agrees to meet all the requirements of the MCLE Commission.

12. _____ Title: _____ Date: _____
Name of Person Applying (please type or print)

Please complete and return to:
Beverly S. Petry, Administrator
MCLE Commission
P.O. Box 53036
Oklahoma City, OK 73152
405/524-2365 or 800/522-8065

For Commission Use Only
____ Approved Date _____
____ Denied CLE hours _____
