

OKLAHOMA BAR ASSOCIATION

APPLICATION TO REQUEST A WAIVER OF THE EDUCATIONAL REQUIREMENTS OF MANDATORY CONTINUING LEGAL EDUCATION

NOTICE OF DECISION <input type="checkbox"/> Request Granted <input type="checkbox"/> Request Denied Date _____

Name of Member _____ OBA Number _____

Address _____ Phone Number _____

Name of person submitting application, if different from above. _____

Relationship to member. _____ Date of this Application _____

Year for which waiver is requested _____. Request is for ____ Full or ____ Partial Waiver.

If partial waiver, indicate the total credit carried forward ____ Legal ethics included in total ____

and/or total credit earned in the current year ____ Legal ethics credit included in total ____

Reason for Request ____ Medical ____ Moved ____ Other.

--IF MEDICAL REQUEST,

Please describe below including the onset and nature of illness, infirmity or disability and expected length of recovery. Attach additional pages as needed.

**** A Doctors' statement must accompany this application setting forth the nature of the illness, infirmity or disability the onset and expected length of recovery.****

--IF YOU MOVED FROM OKLAHOMA,

Date you left the practice of law in Oklahoma. _____

Did you handle or are you currently handling any Oklahoma cases since that date? _____

Do you currently expect to return to the practice of law in Oklahoma in the year for which the waiver is sought? ____

If yes, please explain. _____

--IF YOU RETURNED TO OKLAHOMA,

Date you returned to the practice of law in Oklahoma. _____

Do you have any CLE credit earned in another State which might qualify for credit in Oklahoma? _____

If yes, please complete and submit copies of the Uniform Application for Accreditation for each program.

If your reason for requesting a waiver is not listed above or you need to provide additional information, please attach additional pages.

SIGNATURE OF APPLICANT: _____ Date: _____

Address (if different from above): _____

Please return completed form to:
Beverly S. Petry, MCLE Administrator
P.O. Box 53036
Oklahoma City, OK 73152

phone 405-416-7009
fax 405-416-7001
e-mail beverlyp@okbar.org