

**UNIFORM APPLICATION FOR ACCREDITATION
OF CONTINUING LEGAL EDUCATION**

NEW HAMPSHIRE MINIMUM CONTINUING LEGAL EDUCATION BOARD

2 Pillsbury Street, Suite 300 • Concord, NH 03301-3502

603/224-6942

To the state of: New Hampshire

1. Sponsoring organization:

Name: _____

Mailing Address: _____

Telephone: () _____ Fax: () _____

E-mail: _____

2. Title of educational activity: _____

3. Date(s) and location(s): _____

4. Registration fee: _____

5. Writing surface available? Yes No

6. Method(s) of presentation:

telephone to broadcast site faculty in room with participants

satellite/microwave discussion leader present

audiotape presentation videotape presentation

interactive video computer/internet

7. Type of law code(s): 1. _____ 2. _____ (optional) 3. _____ (optional)

Difficulty Level: Beginner Intermediate Advanced

8. Advertised to: Lawyers Clients Others (specify): _____

9. List any admission restrictions: _____

10. "In-house activity" requirement (see local rules to determine applicability):

open/publicized to outside lawyers outsiders are ____% of faculty clients are ____% of audience

11. Method of evaluation: participant critique independent evaluator none

other(specify): _____

12. Description of materials to be distributed: total pages _____ loose-leaf bound

13. REQUIRED ATTACHMENTS to this application:

a. time schedule (brochure, course outline, course description)

b. table of contents or equivalent

c. faculty name(s) and credentials (if not in brochure or description)

d. fees (unless program or was offered without charge)
\$40 — out-of-state course application fee **OR**
in-state program activity fee per presentation

14. Total minutes of instruction, not including breaks, meals or introductions:

General (non-ethics) _____

Ethics (minutes) _____

Total: _____

15. Approval by other states: Granted by: _____

Denied by: _____

SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with New Hampshire Supreme Court Rule and Regulation 53.4 and 53.5.

Sponsor Representative _____
(Please Print)

Title _____

Signature _____

Date ___/___/___

Return the application, attachments and the appropriate fee made payable to:

The NHMCLE Board
2 Pillsbury Street, Suite 300
Concord, NH 03301-3502

Applications must be made before or within 30 days of the end of a program.

Allow 45-60 days for processing.