

Onondaga County Bar Association

Application for CLE Course Approval

Please submit the form below, together with the required attachments, to the CLE Committee for approval of your program. The CLE committee meets the second Wednesday of every month. In order to promote the program effectively these submissions should be made at least three months prior to any proposed program date. You will be notified as soon as possible after a decision has been reached. If you are unsure of any answers, please indicate that you would like the committee to decide, or make a note of suggestions. This form is purely for planning purposes, and is not a contract.

Course Name _____

Course Date: _____

Course Time: _____

Course Location: _____

(if Different from OCBA facilities)

Instructor(s) Name(s)

_____ Attorney Non-Attorney

_____ Attorney Non-Attorney

_____ Attorney Non-Attorney

_____ Attorney Non-Attorney

Suggested MCLE Credit Breakdown

To be approved by the CLE Committee

Areas of Professional Practice	_____
Practice Management	_____
Ethics	_____
Skills	_____
TOTAL	_____

Please complete this form and attach any additional information.

1. Who is the target audience? _____
2. Total duration of the program (50 minutes = 1 Credit). _____
3. Please provide a brief summary of the program below and attach an outline with a timed agenda.

4. Please attach a brief bio for each speaker including schools attended, current position, contact info and any work experience pertinent to the CLE material.

5. Is there an ethics component or a skills component? _____
If so, how much time is allotted to each? _____

6. If cost considerations vary from regular OCBA course fees please explain.

7. It is also important to know what the requestor expects, both administratively and financially from OCBA, other than completion of certificates and attendance records.

a. Administrative responsibilities of OCBA CLE Coordinator

b. Administrative responsibilities of requestor

c. How will the program be advertised in addition to OCBA all bar email & Bar Reporter

8. Please include the name, email & phone of one person to serve as liaison to the CLE Coordinator/Committee.

