

**Provider Application for Approval of Continuing Legal Education
HAWAII STATE BAR ASSOCIATION**

(FOR HSBA USE)

1. PROVIDER INFORMATION:

NAME
REPRESENTATIVE NAME
ADDRESS
CITY STATE ZIP
TELEPHONE FAX
EMAIL

Course Number: _____ Date: _____

- The following action has been taken on this application:
- APPROVED** for a total of ____ VCLE credits **INCLUDING**
____ MCPE Credits ____ Accredited Provider Status
 - NOT APPROVED** (See comments.)
 - RETURNED** for the request of additional information.

Please complete each item as indicated by the numbers circled below.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

OTHER (Regulator comments.)

2. TITLE OF EDUCATIONAL ACTIVITY :

3. DATE(S):

4. LOCATION(S):

5. COURSE FEE TO BE CHARGED:

6. METHODS OF PRESENTATION:

- Faculty in Room with Participants Telephone to Broadcast Site Live Web Cast Interactive Video
- Recorded Audio Presentation Recorded Video Presentation Internet On-Demand (Interactive) Discussion Leader present
- Satellite Other:

7. TYPE OF LAW:

1 3
2 4

8. ADVERTISED TO:

- Lawyers Clients Others:

9. LIST ANY ADMISSION RESTRICTIONS:

10. IN-HOUSE ACTIVITY INFORMATION:

Open/Publicized to Outside Lawyers Yes No
Outsiders are _____ % of Faculty / Clients are _____ % of audience
If not open, please specify reason: _____

11. ACCREDITATION BY OTHER STATES:

Granted:
Denied:

12. METHOD OF EVALUATION: Participant Critique Independent Evaluator None Other:

13. MATERIALS DESCRIPTION:

Estimated total pages: ____ Loose leaf Bound No Materials Supplied
Distributed: Before Program At Program Other:

14. REQUIRED ATTACHMENTS TO THIS APPLICATION:

- a. Substantive Outline with Time Schedule/Agenda
- b. Table of Contents
- c. Faculty Description

15. CREDITS REQUESTED:

Indicate hours of instruction rounded down to the nearest 1/4 hour
not including breaks, meals, or introductions:
VCLE: _____ MCPE: _____ Total: _____

ACCREDITED PROVIDER APPLICANTS

Please submit brochures from the previous year
of 3 courses that you feel would have met the
requirements of Regulation 3 of Hawaii's
Continuing Legal Education Regulations.

16. FEE REMITTED: (See CLE Fee Schedule)

\$ _____
By signing below I certify that I have read the Continuing Legal Education
Regulations issued by the Hawaii State Board of Continuing Legal
Education and certify that I, or the company I am authorized to represent,
will comply with the provisions thereof.
Name _____ Title _____ Date _____

Hawaii State Bar Association
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