



Application of Approval of CLE Course

Regarding Distance Learning Programs:

Do not use this application for accreditation of Remote Courses such as Zoom seminars. All distance learning courses must be preapproved through accredited distance learning providers. A list of approved providers is available here: <https://www.pacle.org/providers/distance-learning>

The application for approval of a CLE course may be submitted for programs not offered and conducted by Accredited Providers. Providers are strongly encouraged to file applications for their own programs. Although applications filed by individual lawyers are accepted it is recommended that the provider file.

Completed applications should be sent to the address provided and accompanied by a detailed course agenda and a non-refundable \$25 application fee. PACLE will review the program and inform applicants of course status. This process takes approximately one week from receipt.

Printable Form Instructions:

The application is available to complete and print online. Click on the different sections of the form to begin typing. Use the tab key to advance to the next section.

Please print when complete and return the completed application to the PACLE Board with:

- \$25 application fee made payable to the PACLE Board
- A program agenda or course brochure

Upon receipt and review, PACLE will notify the applicant of the status of the course within approximately one business week.

Thank you.

The Supreme Court of Pennsylvania Continuing Legal Education Board

Pennsylvania Judicial Center • 601 Commonwealth Ave • Suite 3400
PO Box 62495 • Harrisburg, PA 17106-2495 • (800) 497-2253 • www.pacle.org



Application for Approval of Continuing Legal Education

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APPLICATION TO THE STATE OF		Please check one: Is the Provider <input type="checkbox"/> PROFIT <input type="checkbox"/> NONPROFIT		MCLE STATE NOTIFICATION OF ACCREDITATION To be completed by the PA Accreditation Department.	
1 SPONSORING ORGANIZATION INFORMATION		NAME		Course Number: _____ Date: _____	
ADDRESS		STREET		The following action has been taken on this application:	
CITY	STATE	ZIP	<input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics credits		
TELEPHONE	FAX	EMAIL	<input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.)		
2 TITLE OF EDUCATIONAL ACTIVITY		REGULATOR COMMENTS:			
3 DATE(S)		LOCATION(S)			
4 REGISTRATION FEE:					
5 WRITING SURFACE AVAILABLE:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6 METHODS OF PRESENTATION:		<input type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Video Replay w/ Moderator		Regarding Distance Learning Programs: Do not use this application for accreditation of Remote Courses such as Zoom seminars. All distance learning courses must be preapproved through accredited distance learning providers. A list of approved providers is available here: https://www.pacle.org/providers/distance-learning	
7 CONTENT CODE(S):		(Available for review: www.pacle.org)			
1.	Additional Codes Optional:	2.	3.	4.	
DEGREE OF DIFFICULTY:		<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels			
8 ADVERTISED TO:		<input type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)			
9 LIST ANY ADMISSION RESTRICTIONS:					
10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)		Open/Publicized to Outside Lawyers <input type="checkbox"/> Yes <input type="checkbox"/> No Outsiders are _____ % of Faculty & Clients are _____ % of audience If not open, please specify reason:			
11 METHOD OF EVALUATION:		<input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:			
12 MATERIALS DESCRIPTION		Total Pages: _____ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: _____ <input type="checkbox"/> Before Program <input type="checkbox"/> At Program <input type="checkbox"/> Other:			
13 REQUIRED ATTACHEMENTS TO THIS APPLICATION		a. Time Schedule/Agenda (Brochure, Outline, Description) b. Table of Contents c. Faculty Description if not included in the brochure or description d. Application Fee - \$25 payable to the PA CLE Board		APPLICANT INFORMATION (please print) Sponsor Representative Name: Title:	
14 CREDITS REQUESTED		Indicate minutes of instruction not including breaks, meals or introductions: (60 minute hour) Substantive: _____ Ethics: _____ Total: _____		Complete the following if filed by individual attorney: Attorney Name: _____ ID#: _____ Address: City: _____ State: _____ Zip: _____	
15 ACCREDITATION BY OTHER STATES		GRANTED: DENIED:		Contact Number: Email:	
16 SUBMITTED BY		<input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer		SIGN HERE _____ Date: _____	
Please complete and sign Applicant Information à					