

Application for Approval as an Accredited Provider of Pro Bono CLE

Supreme Court of Pennsylvania
Continuing Legal Education Board
P.O. Box 62495
Harrisburg, PA 17106
Phone: 800-497-2253 | Local: 717-231-3230
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This application should be completed by organizations seeking to receive approval by the CLE Board as an Accredited Provider of Pro Bono Continuing Legal Education. The pro bono initiative is open to organizations that receive funding for their pro bono programs from the Pennsylvania Interest on Lawyers Trust Accounts Board (IOLTA) or the Pennsylvania Legal Aid Network (PLAN). Additional information: <https://www.pacle.org/providers/pro-bono>

Contact Information

1. Name of Organization:
2. Address:
3. City: State: Zip:
4. Website:
5. Contact Person:
6. Phone: Email:

Organizational Profile

7. What geographical area does your organization serve?
8. Organizational Structure:
 Nonprofit For Profit Religious Organization
 Educational Institution Government Entity Other:
9. How many years has your organization been in existence?
10. Number of support staff:
11. Is the pro bono program part of a larger organization? Yes No If yes, please describe:
12. Is the pro bono program certified by an independent organization? Yes No If yes, please describe:
13. Our organization receives funding, or is eligible to receive funding from:
 IOLTA PLAN Both Neither
14. Please indicate the number of cases your organization has assigned in each of the last five years:
2021: 2020: 2019: 2018: 2017:

Client Information

15. What client population does your organization serve?

16. Does your organization have client eligibility requirements? Yes No If yes, please describe:

17. Does your organization have a client intake process? Yes No

Does your organization include a conflicts check? Yes No

18. How does your organization promote or advertise its pro bono services?

Attorney Volunteers

19. How does your organization recruit attorney volunteers?

20. How does your organization determine whether a volunteer attorney is in good standing and is otherwise eligible to practice law in Pennsylvania

21. How does your organization determine what types of cases the volunteer may be assigned to?

22. What training do you provide to volunteer attorneys?

Is this training currently accredited for Pennsylvania CLE? Yes No

23. Is training required for volunteer attorneys? Yes No

24. Does your organization provide mentoring or supervision to its volunteer attorneys? Yes No
Please describe:

- | | | |
|---|-----|----|
| 25. Do you require that volunteer attorneys have malpractice insurance? | Yes | No |
| 26. Do you provide malpractice insurance for volunteer attorneys? | Yes | No |
| 27. Does your organization have a mechanism to receive, investigate and resolve complaints about volunteer attorneys? | Yes | No |

Please describe:

Certification

I certify that the information provided in this application is true and correct to the best of my knowledge; I acknowledge that in order for PACLE Accreditation to be approved, a member of our organization shall complete an Accredited Provider orientation conducted by PACLE. This orientation will communicate and explain conditions, standards and reporting procedures for the pro bono initiative. I also acknowledge that if approved, we will meet the conditions and standards of reporting CLE credits to the PACLE Board in a manner determined by the Board.

Signature and Title of Applicant

Date