

**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 ____ CLE credits **INCLUDING**
 ____ Ethics 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 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:
 CLE: _____ Ethics: _____ 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.

Hawaii State Bar Association
 1100 Alakea Street, Suite 1000
 Honolulu, HI 96813

Name _____ Title _____ Date _____

P: 808-537-1868 F: 808-521-7936 WEB: www.hsba.org