

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

(FOR HSBA USE)

1. ATTORNEY INFORMATION:

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

- OTHER** (Regulator comments.)

2. TITLE OF EDUCATIONAL ACTIVITY :

3. PROVIDER OF THE EDUCATIONAL ACTIVITY:

4. DATE(S) LOCATION(S)

5. COURSE FEE:

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
- 2
- 3
- 4

8. METHOD OF EVALUATION: Participant Critique Independent Evaluator None Other: _____

9. MATERIALS DESCRIPTION:

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

10. REQUIRED ATTACHMENTS TO THIS APPLICATION:

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

11. CREDITS REQUESTED:

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

CLE: _____ Ethics: _____ Total: _____

12. FEE REMITTED: (See CLE Fee Schedule)

\$ _____

Attorney Signature _____ Date _____