ATTORNEY APPLICATION FOR FEDERAL CLE APPROVAL

ATTORNEY CONTACT INFORMATION						
Name:						
Phone:		Email:				
CONTINUING LEGAL EDUCATION INFORMATION						
CLE Title:						
Sponsor:						
				_		
Date(s):						
Location (City, State):						
Location (City, State).						
Program Type:	Live	Telephone	Live Webcast	On Demand Webcast	Video Conference	
Hours of Instruction: (60-minute hours excluding breaks.)						
Has this program been approved for CLE credit by the Iowa Commission on Continuing Legal Education?						
If yes, please list the assigned Activity ID: Hours Approved:						
YES NO	If no, please indicate whether approval has been requested: YES NO Unknown					
				YES	S NO	UNKNOWN

Instructions

 $Email\ this\ form\ along\ with\ a\ copy\ of\ an\ agenda\ or\ program\ for\ the\ CLE\ to\ CLE_Approval@iasd.uscourts.gov.$

- 1. The agenda or program must show the title, date, and hours of the CLE as well as the general topic(s) discussed.
- 2 Please **do not** submit lengthy program handouts or slideshow presentations.
- 3. Please **do not** submit applications for individual break-out sessions attended within larger conferences or seminars. The entire CLE will be evaluated for credit when your application is reviewed.

If additional information is required, it will be requested by the CLE Approval Coordinator.