# ATTORNEY APPLICATION FOR FEDERAL CLE APPROVAL

## *ATTORNEY CONTACT INFORMATION*

Name: _____

Phone: _____ Email: _____

## *CONTINUING LEGAL EDUCATION INFORMATION*

CLE Title: _____

_____

Sponsor: _____

_____

Date(s): _____

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?

☐ YES ☐ NO

If yes, please list the assigned Activity ID:_____ Hours Approved: _____

If no, please indicate whether approval has been requested: ☐ YES ☐ 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.

# SPONSOR APPLICATION FOR FEDERAL CLE APPROVAL

## *SPONSOR CONTACT INFORMATION*

Sponsor Name: _____

Contact Name: _____

Phone: _____ Email: _____

## *CONTINUING LEGAL EDUCATION INFORMATION*

CLE Title: _____

_____

Program Type:
(Check all that apply)

☐ Live ☐ Telephone ☐ Live Webcast ☐ On Demand Webcast ☐ Video Conference

Date(s): 1)_____ City, State: 1)_____
(If not live, list type)

2)_____ 2)_____

3)_____ 3)_____

Hours of Instruction: _____ Federal CLE Credit Requested: _____ (60-minute hours excluding breaks.)

Has this program been approved for CLE credit by the Iowa Commission on Continuing Legal Education?

☐ YES ☐ NO If yes, please list the assigned Activity ID:_____ Hours Approved: _____

If no, please indicate whether approval has been requested: ☐ YES ☐ NO

## 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. List each date that the CLE takes place along with the location/type on a separate line. If the CLE occurs more than once on the same day in multiple locations or by different means (e.g. live, telephone, and live webcast), use a separate line for each. Use an additional sheet if necessary.
4. If the CLE is believed to be eligible for partial credit, clearly indicate sections believed to be eligible for federal CLE credit on the agenda or program submitted.

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