submission date:

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.