UNIFORM APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION

To the state of:

1. **Sponsoring organization:**
   Name: United States Sentencing Commission
   Address: Office of Education & Sentencing Practice
   One Columbus Circle, NE
   Washington, DC 20002-8003
   Telephone: 202-502 4555   Fax: 202-502-4599

2. Title of educational activity:

3. Date(s) and location(s):

4. Registration fee: -0-

5. Writing surface available:  ○ Yes  ○ No

6. Delivery Method(s):
   ○ Faculty in room with participants;
   ○ Telephone to broadcast site;
   ○ interactive video;
   ○ webinar;
   ○ audiotape presentation;
   ○ streaming video;
   ○ interactive computer/internet;
   ○ discussion leader present

7. Type of law code(s) 1. (Optional) 2. (Optional) 3. (Optional)
   Difficulty Level:  ○ Beginner;  ○ Intermediate;  ○ Advanced

8. Advertised to:  ○ Lawyers;  ○ Clients;  ○ Others (specify): Federal Judges and Attorneys

9. List any admission restrictions:

10. “In-house activity” requirement (see local rules to determine applicability):
    ○ open/publicized to outside lawyers  ○Outside lawyers are 0% of faculty
    ○ Clients are 100% of audience

11. Method of evaluation:
    ○ participant critique;
    ○ independent evaluator;
    ○ none;
    ○ other

12. Description of materials to be distributed: total pages:  ○ loose-leaf;
    Distributed:  ○ before program;  ○ at program;  ○ other;  ○ on line

13. REQUIRED ATTACHMENTS to this application:
   a. time schedule (brochure, course outline, course description)
   b. table of contents or equivalent
   c. faculty name(s) and credentials (if not in brochure or description)
   d. complete set of materials (only in states where required)
   e. fees (only in states where required)

14. Total minutes of instruction, not including breaks, meals or introductions:
    General (non-ethics):
    Ethics (minutes):
    Substance Abuse:
    Total:
    Other:

15. Approval by other states:  Granted by:
    Denied by:
16. Submitted by: ⊗ Employee of sponsor/provider; ⊗ individual lawyer

Name of person applying (type or print) ___________________________ Address (if different than above) ___________________________

Signature ___________________________ Date ___________________________ Phone and Fax (if different from above) ___________________________

E-mail address (if different from above): __________________________________________