



# New York State Continuing Legal Education Board

25 Beaver Street, Room 888, New York, NY 10004 • Phone: (212) 428-2105

Fax: (212) 428-2974 • Web site: [www.nycourts.gov/attorneys/cle](http://www.nycourts.gov/attorneys/cle) • E-mail: [cle@courts.state.ny.us](mailto:cle@courts.state.ny.us)

## ACCREDITED PROVIDER — APPLICATION FOR APPROVAL OF A NONTRADITIONAL FORMAT

An Accredited Provider must have CLE Board approval for any nontraditional format in which it presents CLE programs.

### SPONSORING ORGANIZATION:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### (I) NONTRADITIONAL FORMAT FOR WHICH YOU ARE SEEKING APPROVAL (please submit a separate application for each format):

#### LIVE

- Teleconference
- Videoconference
- Videoconference for newly admitted attorneys (fully interactive)
- Webconference (interactive)
- Live Broadcast (no interactivity with remote participants, e.g., telecast, webcast)

Other (please specify): \_\_\_\_\_

Briefly describe the technology:

Interaction with remote audience during program?  Yes  No

If yes, via  telephone line  videoconferencing equipment  e-mail  
 other \_\_\_\_\_

If videoconference, can every participant in every location see and hear any participant in any location who asks a question?

Yes  No

#### PRERECORDED

(Sample must be submitted with this application, if possible)

- Audio CD  DVD/Video CD
- Audio File (mp3, podcast, etc.)  Video File (vodcast, etc.)
- Online Audio  Online Video

Other (please specify): \_\_\_\_\_

Sample submitted **or**

Password and instructions for online access attached

If neither, please explain and briefly describe technology:

### (II) METHOD OF ATTORNEY PARTICIPATION: in group setting **and/or** individually (dialing/logging in or self-study)

**(III) ATTENDANCE VERIFICATION PROCEDURES:** Please describe the procedures you will use to verify that an attorney has completed the program in this format. If you are seeking approval for group and individual participation, describe the verification procedures for both. Attach any forms associated with your verification procedures (e.g., sign-in sheet, attorney affirmation with verification code(s), sample quiz, etc.).

For a prerecorded format where a code is used for verification of completion, please provide the code(s) from the sample program you are submitting and its location (e.g., code 36tk73 located at 42:14 of CD#1). Please note that, at a minimum, a separate code should appear and/or be announced approximately every 50 minutes during a program.

CODE \_\_\_\_\_ located at \_\_\_\_\_ If multiple codes, please provide additional codes below:

CODE 2 \_\_\_\_\_ located at \_\_\_\_\_ CODE 4 \_\_\_\_\_ located at \_\_\_\_\_

CODE 3 \_\_\_\_\_ located at \_\_\_\_\_ CODE 5 \_\_\_\_\_ located at \_\_\_\_\_

### (IV) PLEASE DESCRIBE HOW WRITTEN MATERIALS AND EVALUATION QUESTIONNAIRES WILL BE DISTRIBUTED FOR PROGRAMS PRESENTED IN THIS FORMAT:

Provider acknowledges and agrees to comply with all Program Rules and CLE Board Regulations and Guidelines, and certifies that the above information (including all attachments) is true.

\_\_\_\_\_  
PROVIDER REPRESENTATIVE AND TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE