



Application of Approval of CLE Course

The application for approval of a CLE course may be submitted for programs not offered and conducted by Accredited Providers. Providers are strongly encouraged to file applications for their own programs. Although applications filed by individual lawyers are accepted it is recommended that the provider file.

Completed applications should be sent to the address provided and accompanied by a detailed course agenda and a non-refundable \$25 application fee. PACLE will review the program and inform applicants of course status. This process takes approximately one week from receipt.

Printable Form Instructions:

The application is available to complete and print online. Click on the different sections of the form to begin typing. Use the tab key to advance to the next section.

Please print when complete and return the completed application to the PACLE Board with:

- \$25 application fee made payable to the PACLE Board
- A program agenda or course brochure

Upon receipt and review, PACLE will notify the applicant of the status of the course within approximately one business week.

Thank you.

The Supreme Court of Pennsylvania Continuing Legal Education Board

Pennsylvania Judicial Center • 601 Commonwealth Ave • Suite 3400
PO Box 62495 • Harrisburg, PA 17106-2495 • (800) 497-2253 • www.pacle.org



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KH_____

APPLICATION TO THE STATE OF Pennsylvania		Please check one: Is the Provider <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NONPROFIT		MCLE STATE NOTIFICATION OF ACCREDITATION To be completed by the PA Accreditation Department. Course Number: _____ Date: _____ The following action has been taken on this application: <input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics credits <input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.) <input type="checkbox"/> OTHER	
1 SPONSORING ORGANIZATION INFORMATION		NAME Association of Fundraising Professionals--Western PA Chapter Pittsburgh Planned Giving Council		Regulator Comments:	
ADDRESS		STREET PO Box 9701			
CITY	Pittsburgh	STATE	PA	ZIP	15229
TELEPHONE	FAX	EMAIL			
412-694-4250		office@afpwpa.org			
2 TITLE OF EDUCATIONAL ACTIVITY		Power Up! 2019 Emerging Phianthropy Conference			
3 DATE(S)		LOCATION(S)			
April 24, 2019		Marriot Ciy Center, Pittsburgh PA			
4 REGISTRATION FEE:		\$200, members, \$250 Non Members			
5 WRITING SURFACE AVAILABLE:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 METHODS OF PRESENTATION:		<input checked="" type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Interactive Video <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Satellite <input type="checkbox"/> Videotape Presentation <input checked="" type="checkbox"/> Discussion Leader present <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Other:	
7 CONTENT CODE(S):		(Available for review: www.pacle.org)			
1.		Additional Codes Optional: 2.		3.	
DEGREE OF DIFFICULTY:		<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		<input checked="" type="checkbox"/> All Levels	
8 ADVERTISED TO:		<input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)			
9 LIST ANY ADMISSION RESTRICTIONS:		none			
10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)		Open/Publicized to Outside Lawyers <input type="checkbox"/> Yes <input type="checkbox"/> No Outsiders are _____ % of Faculty & Clients are _____ % of audience If not open, please specify reason:			
11 METHOD OF EVALUATION:		<input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:			
12 MATERIALS DESCRIPTION		Total Pages: <u>TBD</u> <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: <input type="checkbox"/> Before Program <input checked="" type="checkbox"/> At Program <input type="checkbox"/> Other:			
13 REQUIRED ATTACHEMENTS TO THIS APPLICATION		APPLICANT INFORMATION (please print)			
a. Time Schedule/Agenda (Brochure, Outline, Description) b. Table of Contents c. Faculty Description if not included in the brochure or description d. Application Fee - \$25 payable to the PA CLE Board		Sponsor Representative Name: Sarah Poweska Title: Chapter Administrator			
14 CREDITS REQUESTED		Complete the following if filed by individual attorney:			
Indicate minutes of instruction not including breaks, meals or introductions: (60 minute hour) Substantive: <u>6</u> Ethics: _____ Total: <u>6</u>		Attorney Name: _____ ID#: _____ Address: _____ City: _____ State: _____ Zip: _____			
15 ACCREDITATION BY OTHER STATES		GRANTED: DENIED:		Contact Number: Email:	
16 SUBMITTED BY		<input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer		SIGN HERE _____ Date: _____	
Please complete and sign Applicant Information à					