

UNIFORM APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION ACTIVITY FORM 1

STATE OF COLORADO SUPREME COURT
BOARD OF CONTINUING LEGAL AND JUDICIAL EDUCATION
1300 Broadway, Suite 510
Denver, CO 80203
(303) 928-7771

Accreditation Fee:

\$10.00 if received 15 days prior to program
\$25.00 if received less than 15 days before program

REQUIRED ATTACHMENTS: (to this application)

- Time schedule
(brochure, course outline, course description)
- Table of contents or equivalent
- Faculty name(s) and credentials
(if not in brochure or description)
- Complete set of materials
(only for states where required, NOT Colorado)

Office Use

Approved for: General Credits _____
Ethics Credits _____
Accreditation denied: _____
Sponsor acronym: _____
Fee: Paid _____ Billed _____

1. Name of Organization providing or sponsoring the activity (*not the name of person applying*)

Colorado Bar Association

Address 1900 Grant Street #900

City Denver

State Colorado

Zip Code 80203

2. Sponsor/Provider Phone Number (303) 824-5371

email asreenen@cobar.org

3. Title of educational activity Medicaid Eligibility

4. Date 5.19.16 Location 1900 Grant Street #900

Date Location

5. Area of Law 1 WIL = Wills & Estates

☐ Basic ☒ Intermediate ☐ Advanced

Area of Law 2

☐ Basic ☐ Intermediate ☐ Advanced

6. Registration fees \$0.00

7. Writing surface available? Yes

8. Method(s) of presentation: ☒ Faculty in room ☒ Telephone to broadcast site ☐ Satellite/microwave

☐ Audiotape presentation (*year tape produced*): ☐ Discussion leader present

9. Advertised to: ☒ Lawyers ☒ Others - Specify

10. List any admission restrictions:

11. In-house activity: ☒ Open/publicized to outside lawyers; ☐ Outsiders are % of faculty

12. Method of evaluation: ☐ Participant critique ☐ independent evaluator ☒ None ☐ Other -Specify

13. Descriptions of materials to be distributed: Total pages 10 Loose Leaf Bound

When are materials distributed? ☐ Before program ☒ At program ☐ Other - Specify

14. Total minutes of instruction

(*not including breaks, meals or introductions*): General (non-ethics) 50 Ethics 0 TOTAL 50

15. Approval by other states: Granted by

Denied by (state reasons)

16. Submitted by: ☒ Employee of sponsor/provider ☐ Individual lawyer

Name of person applying: Amy Sreenen

Address 1900 Grant Street #900

City Denver

State Colorado

Zip Code 80203

email asreenen@cobar.org

Signature

Date May 3, 2016

Reset Form

Print Form