


<b>APPLICATION TO THE STATE OF:</b>		<b>MCLE STATE NOTIFICATION OF ACCREDITATION</b>		
<b>1 SPONSORING ORGANIZATION INFORMATION</b>		To be completed by the MCLE State regulatory agency and returned to applicant. Course Number: _____ Date: _____ The following action has been taken on this application: <input type="checkbox"/> <b>APPROVED</b> for a total of _____ CLE credits Including _____ Ethics Credits Other Credit Breakdown: _____ (if applicable) <input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.) <input type="checkbox"/> <b>RETURNED</b> for the request of additional information. Please complete each item on the form as indicated by the numbers circled below. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <input type="checkbox"/> <b>OTHER</b> Regulator Comments:		
NAME Credit Union National Association, Inc.				
ADDRESS 5710 Mineral Point Road				
CITY Madison	STATE WI			ZIP 53705
TELEPHONE 608-231-4117	FAX 608-231-4881			EMAIL alarson@cuna.com
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b>				
2009 CUNA Attorneys' Conference				
<b>3 DATE(S)</b>		<b>LOCATION(S)</b>		
11/15 through 11/18/2009		San Juan, Puerto Rico		
<b>4 REGISTRATION FEE:</b> 1295				
<b>5 WRITING SURFACE AVAILABLE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>6 METHODS OF PRESENTATION:</b>				
<input checked="" type="checkbox"/> Faculty in Room with Participants <u>All Attorneys</u>		<input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Internet On-Demand (Interactive) <input type="checkbox"/> Discussion Leader present <input type="checkbox"/> Other:		
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clerereg.org/lawClassifications.asp">https://www.clerereg.org/lawClassifications.asp</a> )				
1.		Additional Codes Optional: 2. 3. 4.		
<b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels				
<b>8 ADVERTISED TO:</b> <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)				
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b> Speakers and attendees are Attorneys				
<b>10 IN-HOUSE ACTIVITY INFORMATION</b> (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:				
<b>11 METHOD OF EVALUATION:</b> <input checked="" type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:				
<b>12 MATERIALS DESCRIPTION</b>				
Total Pages: <u>500</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:				
<b>13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:</b>		<b>APPLICANT INFORMATION</b> (please print)		
a. Time Schedule/Agenda (Brochure, Outline, Description)		Sponsor Representative		
b. Table of Contents		Name: Susan Parisi		
c. Faculty Description		Title: Assistant General Counsel		
d. Complete Set of Materials and Fees (Only in states where required)		Complete the following if filed by individual attorney:		
<b>14 CREDITS REQUESTED:</b>		Attorney Name:		
Indicate minutes of instruction not including breaks, meals or introductions:		Address:		
General/Substantive: 615		City:	State: Zip:	
Ethics: 120		Contact Number:		
Substance Abuse: _____		Email:		
Other: _____				
Total: 735				
<b>15 ACCREDITATION BY OTHER STATES:</b>		SIGN HERE  Date: 11/10/09		
GRANTED:				
DENIED: None				
<b>16 SUBMITTED BY:</b> <input type="checkbox"/> Course Sponsor <input checked="" type="checkbox"/> Individual Lawyer				
Please Complete and sign Applicant Information →				