

# Application for Approval of Continuing Legal Education

Board of Overseers of the Bar  
PO Box 527 • Augusta, ME 04332-0527  
207-623-1121

APPLICATION TO THE STATE OF MAINE		Submitted By:    Sponsor    Individual Attorney    Fee Amount Submitted: \$ _____	
1 SPONSORING ORGANIZATION INFORMATION			
NAME			
ADDRESS			
STREET			
CITY		STATE	ZIP
TELEPHONE		FAX	EMAIL
2 TITLE OF EDUCATIONAL ACTIVITY			
3 DATE(S) AND TIME		LOCATION(S)	
4 REGISTRATION FEE:			
5 WRITING SURFACE AVAILABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 DELIVERY METHOD: Live:    Self-Study/On-Demand: <b>Note: If both then separate applications required</b>			
<input type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Live Webcast <input type="checkbox"/> Other, specify: <input type="checkbox"/> Video Replay w/ Moderator <input type="checkbox"/> On-Demand Audio/Video			
7 LAW TYPE:			
1. _____			
DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels			
8 ADVERTISED TO: <input type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)			
9 LIST ANY ADMISSION RESTRICTIONS:			
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 type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:			
12 MATERIALS DESCRIPTION			
Total Pages: _____ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied Distributed: _____ <input type="checkbox"/> Before Program <input type="checkbox"/> At Program <input type="checkbox"/> Other:			
13 REQUIRED ATTACHMENTS 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		Sponsor Representative Name: Title:	
14 CREDITS REQUESTED		Complete the following if filed by individual attorney:	
Indicate minutes of instruction not including breaks, meals or introductions: General: _____    Total: _____ Ethics: _____ Harassment/Discrimination: _____    If concurrent sessions, Total Possible: _____		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: _____	
<b>Please complete and sign Applicant Information à</b>			

Fees: **Non-approved (Standard) Sponsors** must submit a non-refundable **\$60** application fee at time of application. **Approved Providers** must submit a non-refundable **\$50** application fee at time of application. Applications submitted by sponsors fewer than 30 day prior to the program date require an additional \$50 late fee. Course approval requests by **individual attorneys** for any non-approved course must include a non-refundable \$25 application fee.

**EFFECTIVE DATE 8/2/21:** Fees are now required for all course applications, including those that charge no registration fee.

To submit this application on-line please email the application, required attachments, and proof of fee payment to [board@mebaroverseers.org](mailto:board@mebaroverseers.org)

Fees may be paid online here: <https://secure.lawpay.com/pages/meoverseers/payments>