

Prerecorded Programming Courses Instructions

This application should be submitted by providers seeking CLE credit for a pre-recorded program.

This format would include, for example, DVD, online video, audio CD, podcast/mP3, et al.

This application will not be accepted from individual attorneys.

Providers must meet the guidelines before any prerecorded course will be considered for possible credit.

Notice of Accreditation will be emailed to the provider. Please add **pasql_user@pacle.org** to your list of safe senders to avoid the correspondence going to spam. Providers are responsible for reporting attendance within 30 days of attendance in the prescribed format.

Required attachments: (incomplete applications may cause a delay in the review process.)

- Attach a copy of the final version of the timed agenda of the course. The agenda must indicate beginning and ending times, and breaks, if any. Clearly indicate on the timed agenda/outline all session(s) for which you seek CLE credit and ethics and professionalism credit.
- Attach a brochure, advertisement or announcement for the course. This may be included with #1.
- **\$100** non-refundable application fee from the provider must be submitted with each application. The program maybe valid for up to one year. This fee may be paid online through your provider portal. Payment receipt must be included with your application submission. Email applications received without a receipt of payment will not be processed.

You may submit applications via email to kscle@kscourts.org. You should attach **ONE** pdf that includes the appropriate application and required attachments. One application per email. Please help us by including the following in the subject line of each email: "APP," Name of Organization, Brief Title, Date of Presentation. Applications may also be submitted by mail at the address above.

Do not include this page with application.



Application for Approval of Prerecorded Programming Courses

Applications will not be accepted by individual atte	orneys. Se	e instructions	for submission options	and required at	tachments.
Provider Information:					
Organization:					
Contact Name:					
Address:					
City:		_State:		Zip:	
Phone:Email	il:				
Website:					
Program Information:					
Title of Course:					
Original Date(s) of Course:					
Approval Dates (maximum of one year)					
i.e. April 15, 2019 through April 14, 2020 - these a	re the dates	s that the progra	am will appear on our sys	em as approved.	
Check All Prerecorded Formats availab	le (a separ	rate activity nun	nber will be issued for eac	ch format):	
	Audio		Video		
Technology & Verification					
Are you able to monitor log on/log off times?	Yes	No			
Is there a form of attendance tracking used?	Yes	No			
Are instructional materials distributed before, or a	at, the prog	ram (Rule 805(c	c)4)? Yes No)	
Is an evaluation distributed for the program?	Yes	No			
Calculate Hours:					
Total minutes of instruction availabledivided	l by 50 minu	ites equal	hrs. This progra	n includes	minutes of
ethics and professionalism andminutes of la	aw practice	management c	credit.		
Provider acknowledges and agrees to comply with all CLE R and certifies that the above information (including attachme		gulations, has re	eviewed the Guidelines for	Prerecorded Progra	amming,
Provider Representative, Title	Signature				 Date