

**Kansas Continuing Legal Education Commission**

400 S. Kansas Ave., Ste. 202, Topeka, KS 66603 ♦ Phone (785) 357-6510 ♦ [www.kscle.org](http://www.kscle.org)

**APPLICATION FOR APPROVAL OF NONTRADITIONAL FORMAT – *LIVE FORMAT***

\*A \$25 non-refundable application fee must be submitted with each application.

A CLE provider must seek approval for any nontraditional format in which it plans to present CLE programs.  
*Applications will not be accepted by individual attorneys.*

**PROVIDER INFORMATION**

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Web Address \_\_\_\_\_ Phone: \_\_\_\_\_

**PROGRAM INFORMATION**

**(You must attach a time agenda and/or marketing piece for the program)**

Title of Course \_\_\_\_\_

Date(s) of Course \_\_\_\_\_

**CHECK FORMAT: (circle one)**      Teleconference      Webconference/webinars

**Briefly describe the technology** (*What platform is the program using? i.e. WebEx, Adobe Connect, etc*):

\_\_\_\_\_

**ATTENDANCE VERIFICATION PROCEDURES:** Please describe the procedures you will use to verify that an attorney has completed the program in this format. Attach any forms associated with your verification procedures (login/logoff information, verification codes, quiz, etc.).

\_\_\_\_\_

\_\_\_\_\_

**Is there interaction with remote audience during the program?**      YES      NO

**Please describe how instructional materials and evaluations will be distributed for the programs**

\_\_\_\_\_

\_\_\_\_\_

**Total minutes of instruction** \_\_\_\_\_ **divided by 50 min. equal** \_\_\_\_\_ **hrs.** This program includes \_\_\_\_\_ **minutes of ethics and professionalism and** \_\_\_\_\_ **minutes of law practice management credit.**

*Provider acknowledges and agrees to comply with all CLE Rules and Regulations, and certifies that the above information (including attachments) is true.*

\_\_\_\_\_  
Provider Representative, Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date