

National Federation of Paralegal Associations
23607 Highway 99, Suite 2-C
Edmonds, WA 98026
425-967-0045 Phone
425-771-9588 Fax

<p>1. ACTIVITY NAME _____</p> <p>3. APPROX. NO. OF ATTENDEES EXPECTED (if applicable):</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">___ 1-10</td> <td style="width: 33%;">___ 11-25</td> <td style="width: 33%;">___ 26-50</td> </tr> <tr> <td>___ 51-150</td> <td>___ 151-300</td> <td>___ more than 300</td> </tr> </table> <p>5. ATTACHMENTS:</p> <p>Time Schedule (or attach promotional material specifying such information)</p> <p>Table of contents or equivalent (or attach promotional material specifying such information)</p> <p>If Self-Study program, provide sample test questions.</p> <p>Listing of faculty name(s) and credentials (or attach promotional material specifying such information)</p>	___ 1-10	___ 11-25	___ 26-50	___ 51-150	___ 151-300	___ more than 300	<p>2. DATE AND SITE OF PRESENTATION (or attach promotional material specifying such information)</p> <p>_____</p> <p>Promotional materials attached? ___ Yes ___ No</p> <p>4. NATURE OF ACTIVITY (Check all that apply.)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">___ Live Presentation</td> <td style="width: 33%;">___ Audiovisual</td> <td style="width: 33%;">___ Skills Workshop</td> </tr> <tr> <td>___ Interactive Video</td> <td colspan="2">___ Satellite/Microwave/Transmission</td> </tr> <tr> <td>___ Internet/Online Computer</td> <td colspan="2">___ Self-Study</td> </tr> <tr> <td colspan="3">___ Other _____</td> </tr> </table> <p>6. CLE CREDIT HOURS REQUESTED: _____ Computed in accordance with NFPA's CLE Guidelines (1 credit for each 60 minutes of instruction. Exclude breaks and meal periods.). For Self-Study Programs 1 credit for each 60 minutes of viewing time or 50 pages of written materials.</p> <p>7. ALL ACTIVITIES MUST BE ACCOMPANIED BY SUBSTANTIVE WRITTEN MATERIALS. WILL PROGRAM ATTENDEES RECEIVE SUBSTANTIVE WRITTEN MATERIALS? ___ Yes ___ No Applicant agrees to retain sample copies of any such written materials for two years from the date of submittal of this application to the NFPA. DO NOT SUBMIT COURSE MATERIALS.</p> <p>8. CERTIFICATION: If CLE credit is awarded by NFPA, Provider agrees to pay to NFPA, in addition to all fees submitted with this approval request, a fee of \$45 for each offering of the approved activity during the period Provider maintains Approved Provider Status with NFPA. An annual fee of \$20 is required for any audio tape offerings if the CLE request is made at the same time as the original live presentation. Otherwise, for all Self-Study programs there is a \$45 annual fee. Said fees shall be submitted directly to NFPA headquarters within 30 days of the date each approved activity is offered. As provider of this seminar, you must provide your attendees with certificates of attendance with the following language, "This seminar approved by the NFPA for ___ hours of Continuing Legal Education credit, including ___ hours in ethics." A copy of all transmittals to NFPA headquarters shall be sent to the CLE Coordinator.</p> <p>9. APPROVAL: This activity is approved for _____ NFPA CLE Credit. This approval is effective until December 31, 20____, or until applicant's Approved Provider Status expires or is terminated. During the approval period, Provider may advertise and market this activity as approved by NFPA for the above specified number of NFPA CLE Credit.</p>	___ Live Presentation	___ Audiovisual	___ Skills Workshop	___ Interactive Video	___ Satellite/Microwave/Transmission		___ Internet/Online Computer	___ Self-Study		___ Other _____		
___ 1-10	___ 11-25	___ 26-50																	
___ 51-150	___ 151-300	___ more than 300																	
___ Live Presentation	___ Audiovisual	___ Skills Workshop																	
___ Interactive Video	___ Satellite/Microwave/Transmission																		
___ Internet/Online Computer	___ Self-Study																		
___ Other _____																			

APPROVED BY: _____, CLE Coordinator

DATE: _____