APPROVED PROVIDER CLE APPROVAL REQUEST FORM

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

Fill out a separate copy of this form for each educational activity for which cle credit is sought. \$80 nonrefundable fee (for initial approval and 1 presentation) must accompany this application. This request may be submitted with an approved provider application or may be submitted separately by providers who have current approved provider status with NFPA. Please print or type.

1. ACTIVITY NAME		PRESENTATION (or attach ial specifying such
CHECK HERE IF PROVIDER IS SEEKING RETROAD FOR SEEKING RETROACTIVE APPROVAL 3. APPROX. NO. OF ATTENDEES EXPECTED (if applic1-10 11-25 26-5051-150 151-300 more that	dle): 4. NATURE OF ACTIVIT Live Presentation Interactive Video Sa	RATE SHEET THE REASONS TY (Check all that apply.) Audiovisual Skills Workshop Itellite/Microwave/Transmission puter Self-Study
5. ATTACHMENTS: Time Schedule (or attach promotional material specifying such information) Table of contents or equivalent (or attach promotional material specifying such information) If Self-Study program, provide sample test questions. Listing of faculty name(s) and credentials (or attach promotional material specifying such information) 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. 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. 8. CERTIFICATION: If CLE credit is awarded by NFPA, NFPA, in addition to all fees submitted with this approval each offering of the approved activity during the period Praproved Provider Status with NFPA. An annual fee of \$2 audio tape offerings if the CLE request is made at the sar live presentation. Otherwise, for all Self-Study programs to fee. Said fees shall be submitted directly to NFPA headquathed date each approved activity is offered. As provider of provide your attendees with certificates of attendance with language, "This seminar approved by the NFPA forheadquarters shall be sent to the CLE Coordinator.	O NOT SUBMIT COURSE MATERIALS. ovider agrees to pay to DATE: quest, a fee of \$45 for vider maintains PROVIDER: is required for any te time as the original BY: ere is a \$45 annual rers within 30 days of is seminar, you must he following rs of Continuing Legal (Print Name.	(Signature) Title & E-Mail Address)
9. APPROVAL: This activity is approved forNF applicant's Approved Provider Status expires or is termina approved by NFPA for the above specified number of NF APPROVED BY:	ed. During the approval period, Provider may ad	cember 31, 20, or until vertise and market this activity as
DATE:		