

REQUEST FOR RECOGNITION OF A CERTIFIED PROVIDER

FORM 2A

STATE OF COLORADO SUPREME COURT
OFFICE OF CONTINUING LEGAL AND JUDICIAL EDUCATION
1300 Broadway, Suite 510
Denver, CO 80203
(303) 928-7771

Fees:
One time application fee: \$250.00
Annual Fee: \$2,500.00

Office Use

Amount Paid: _____

Approval Date: _____

1. Provider Organization's Name

Address

City

State

Zip Code

Provider's Phone Number

Primary Contact Person

email

2. Contact for accreditation issues

Name

email

Address

City

State

Zip Code

Provider's Phone Number

3. When did the provider first start offering continuing legal education programs

and in which jurisdiction

4. When did the provider first start offering continuing legal education programs in Colorado

How many courses does the provider offer in a calendar year

Number of live/webcast

Number of homestudy/online

5. Contact for billing:

Monthly billing

Colorado provider acronym

Name

Address

City

State

Zip Code

email

Phone

Checks made payable to Office of Continuing Legal Education.