

**NON-CERTIFIED PROVIDER APPLICATION FOR ACCREDITATION OF HOMESTUDY PROGRAM**

**FORM 4**

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

**REQUIRED ATTACHMENTS:** (to this application)

- a. Time schedule and/or agenda
- b. **Brochure or course outline, course description - primary objective must increase the professional competence of registered attorneys and judges and deal with a subject matter directly related to the practice of law or the performance of judicial duties**
- c. Faculty name(s) and credentials (if not in brochure or description)
- d. Copy of Evaluation Form

**Accreditation Fee: CHECK, MONEY ORDER AND ALL MAJOR CREDIT CARDS ACCEPTED**

**Government agencies, local bar associations and non-profits that provide legal services:\$25.00. All other providers \$50.00.**

Office Use 07/01/2018

Approved for: General credits \_\_\_\_\_  
 Ethics credits \_\_\_\_\_  
 Accreditation denied: \_\_\_\_\_  
 Sponsor acronym: \_\_\_\_\_

1.  Application for Reaccreditation (Reaccreditation valid for one year) Course ID

2 Title of educational activity

Year recording was produced  Registration fees

Area of Law 1

Primary course objectives:

Advertised to:  Lawyers  Others - Specify

Descriptions of materials to be distributed: **(mandatory)** Total pages   Loose Leaf  Bound  Electronic

In addition to written materials supplied to registrants, what other education medium  Length? (in minutes)

Denial by other state (state reasons)

Total **minutes** of instruction: (not including introductions, breaks, keynote speeches, meals or Q & A): General (non-ethics)  Ethics  **TOTAL MINUTES**

Name of Organization providing or sponsoring the activity: (not the name of person applying)

Address

City  State  Zip Code

4. Sponsor/Provider Phone Number  email

Submitted by:  Employee of sponsor/provider  Individual lawyer  Volunteer

Name of person applying:  Address

City  State  Zip Code  Phone Number

email

Paying by credit card Phone Number

Signature \_\_\_\_\_ Date