

REQUEST FOR APPROVAL AS A RECOGNIZED PROVIDER

FORM 2

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

Office Use
Provider acronym:

1. Provider Organization's Name

Please check any that may apply

- Local Bar Association Government agency Non-profit (primary purpose is to provide free or low cost services)

Address

City State Zip Code Provider's Phone Number

Name of Contact Person email

2. Please provide a statement regarding CLE programs the provider has offered during the last two years and where the programs were accredited. Please attach the statements, brochures or other relevant information in support of your application to this form.

3. Have you had any programs denied accreditation or any complaints? If yes, please explain below.

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

5. What qualifications does the provider have for offering continuing legal education programming?

6. Submitted by: Name
Address
City State Zip Code
Phone
Email