

REQUEST FOR RECOGNITION OF A NON-CERTIFIED 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 [text box]

Please check any that may apply

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

Address [text box]

City [text box] State [text box] Zip Code [text box] Provider's Phone Number [text box]

Name of Contact Person [text box] email [text box]

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. [large text box]

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

4. When did the provider first start offering continuing legal education programs [text box]

5. What qualifications does the provider have for offering continuing legal education programming? [large text box]

6. Submitted by: [text box] Name [text box] Address [text box] City [text box] State [text box] Zip Code [text box] Phone [text box] Email [text box]