

REQUEST FOR ACCREDITATION OF ELECTRONIC REPLAY

FORM 3

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

Office Use 9/1/14

Approved for: General Credits _____

Ethics Credits _____

Accreditation denied: _____

Sponsor acronym: _____

This form should only be used when the video replay accreditation is not requested in the initial application for accreditation for the live program using the Form 1.
APPLICATION FEE: \$10.00 per replay

PLEASE SUBMIT A SEPARATE FORM FOR EACH REPLAY (OF THE PREVIOUSLY APPROVED PROGRAM) YOU WANT ACCREDITED.

1. Sponsor of Replay []
Address []
City [] State [] Zip Code []
Sponsor's Phone Number [] Name of Contact Person [] email []
2. Sponsor of Live Program (if different from above) []
3. Name of Live Program []
4. Date of Live Program [] Course ID for Live Program []
Date of Replay [] Date of Replay [] Date of Replay []
5. Location of Replay: City [] State []
6. Name of Person or Agency at the replay site who will maintain list of attendees' names []
Address []
City [] State [] Zip Code []
7. Logistical Setup [] If other, describe []
8. If replay is technically defective, describe nature and frequency of defects: []
9. Are distributed written materials substantially the same as those at live program? []
If no, were materials [] If no, did materials consist of []
10. Request Submitted by: [] Name []
Address []
City [] State [] Zip Code []
Phone []