WSBA

WASHINGTON STATE BAR ASSOCIATION
LIMITED PRACTICE BOARD

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS

NOTE: Please submit a separate application for each different seminar.

1. Full name and mailing address of sponsoring organization (return address). Contact person: _____ Phone No.: _____ Email: _____	*(For office use only.)* Activity ID No. _____ ❑ Approved _____ General Units _____ Liability Units ❑ Denied. ❑ Referred to Limited Practice Board. *Staff*: _____ *Date:* _____
2. Title of Educational Activity. ❑ Check here if in-house seminar. ❑ Check here if in-house & open to public.	

3. For each identical seminar please indicate the following:

Location: _____ Date: _____
(City, State)

Location: _____ Date: _____
(City, State)

Location: _____ Date: _____
(City, State)

Location: _____ Date: _____
(City, State)

4. Contact person for registration:	Phone: _____ Email: _____

5. Length of seminar presentation
(in minutes excluding breaks): _____ minutes for General Units _____ minutes for Liability Units

6. Registration fee to be charged to registrants in U.S. dollars: $_____ Estimated number of attendees: _____

7. LPO Mailing Labels Requested: ❑ Addresses on self-adhesive labels / Sort by: ❑City ❑ Zip ❑Employer ❑ Name
❑ Addresses electronically in Excel for merge, includes email addresses
❑ Email addresses (in Word for copy and paste into Outlook)

8. Description of physical facilities (check all that apply):

_____ Classroom seating _____Theater seating _____ Office desk (for web) _____Writing surface available

(for office use only)
LPO Continuing Ed Accred Fee – Acct No. **45160** Dept Code: **LPO**

(AR) Date: _____ Check No. _____ Amount $_____

Limited Practice Board
Washington State Bar Association
1325 4th Ave Ste 600
Seattle, WA 98101-2539

9. For courses conducted online please provide the method of communication with the presenter(s):

_____ Telephone _____ Online question submittal _____ Email _____ Other: _____

10. **Faculty**. Please provide the following or attach biographies:

Name	Professional Education Background	Practical/Teaching Experience

11. Description of materials to be distributed to participants. (Do not send seminar materials.)

___ Outlines ___ Text ___ Text Authored by Speakers ___ Other: _____

12. **Time Schedule of Seminar** Please complete the schedule below or attach time schedule/program. Include total amount of time devoted to each topic including all breaks and lunch. Identify liability units.

Time	Subject of segment	Faculty	Teaching Technique	Minutes	Liability?

13. Method of evaluation of seminar:

_____ Participant critique _____ Independent Evaluator _____ Other: _____

14.

Sponsoring agency agrees (1) to allow the Washington State Limited Practice Board, a member thereof, or such other person as it shall designate, to audit the program in question, (2) to maintain a list of all Limited Practice Officers actually attending the program and to transmit such list to the Washington State Limited Practice Board within thirty (30) days following the final presentation along with a copy of the completed evaluation, and (3) if mailing labels are requested, to use the labels for mailing education program announcement only.

By: _____ Printed Name: _____

Title_____ Date: _____

15.

Enclose $25.00 application fee per occurrence. Fee is non-refundable. Applications submitted without fee will be returned unprocessed. Make checks payable to the Washington State Bar Association. Mail to the address below.

Limited Practice Board
Washington State Bar Association
1325 4th Ave Ste 600
Seattle, WA 98101-2539