

Wendy L. Weiss
Counsel

Heather Joy BakerClerk of the Supreme Court

Richard J. Hughes Justice Complex • P.O. Box 965 • 25 Market Street • 8th floor, North Wing • Trenton, NJ 08625-0037

njcourts.gov • Tel: 609-815-2930

sctcle.mailbox@njcourts.gov

Individual Attorney Application for CLE Credit

Please Note: If the course you are seeking credit for has been approved by another mandatory CLE jurisdiction, and would be considered CLE in New Jersey, you need not complete this application. The Certificate of Attendance issued by the other jurisdiction is sufficient as proof of credit.

- This form is to be used only by attorneys who are seeking CLE credit for a course they have attended that was not accredited for continuing legal education.
- Course providers or instructors seeking to obtain credit for their attendees should not use this form and must apply for CLE credit by using the provider portal.
- If the course has already been accredited in another mandatory CLE jurisdiction for continuing legal education credits, **DO NOT submit this application**. Pursuant to BCLE REG. 201:4, New Jersey attorneys who are satisfying the CLE requirement of another jurisdiction or who are taking courses approved for CLE by another jurisdiction will receive 1:1 credit for courses approved in that jurisdiction, provided the courses are not otherwise excluded by the BCLE regulations. Attorneys are still required to comply with New Jersey's other requirements for ethics and live classroom instruction, unless the attorney has received an approved exemption or waiver.









Required Attachments

| Detailed timed agenda or timed outline of the entire course, including any breaks in instruction. If you are seeking any additional designations (ethics/professionalism/diversity/faculty/etc.) identify the related segments on the agenda. |
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| Brochure, advertisement, or announcement for the course. If not available, you must provide a course description. |
| Names and credentials of all the instructors, including their educational background and degrees. |
| Certificate of Attendance. |
| A complete set of written materials that were distributed to you at the course. |
| If the method of presentation is not "Faculty in Room with Participants," and therefore is Alternative Verifiable Learning Format, you must submit a description of the reliable method that was used in verifying and recording your participation. |

Mail the completed application and the required attachments to:

| US Postal Service: | Overnight or Messenger |
|-------------------------------------|---|
| Supreme Court of New Jersey | Supreme Court of New Jersey |
| Board on Continuing Legal Education | Board on Continuing Legal Education |
| PO Box 970 | Richard J. Hughes Justice Complex |
| Trenton, NJ 08625-0970 | 25 Market St, 8 th Floor, North Wing |
| | Trenton, NJ 08611 |

Revised: 02/2022, CN: 11394



New Jersey Judiciary Board on Continuing Legal Education

Individual Attorney Application for CLE Credit

| Attorney Information | | | | | |
|--|---|--|--|--|--|
| Attorney Name | Attorney ID Number | | | | |
| Home Address | <u> </u> | | | | |
| Firm Name | | | | | |
| Firm Address | | | | | |
| Email Address | | | | | |
| Telephone Number | Fax Number | | | | |
| Course/Education Activity Information | | | | | |
| Course Title | | | | | |
| Course Date* Location | | | | | |
| Method of Presentation ☐ Faculty in Room with Participants ☐ Alternative Verifiable Learning: ☐ Video/Audio/DVD ☐ Teleconference/Videoconference ☐ Interactive Web Cast ☐ Other | □ Satellite Simulcast □ Internet/Computer Self-Study □ Online Internet Presentation | | | | |
| Law Category Code(s) | | | | | |
| Provider's Name | | | | | |
| Provider's Address | | | | | |
| Point of Contact for Provider | | | | | |
| Registration Fee \$ \square \text{Free of Charge} | | | | | |

| Total Minutes of Instruction | | | |
|---|-----------------------------|--|--|
| (excludes breaks, meals, introductions, and other non-educational segn | ments) | | |
| Total minutes of instruction, including | | | |
| minutes of ethics/professional responsibility. Of | those total ethics credits, | | |
| minutes of diversity, inclusion & eliminates | ation of bias | | |
| If you are seeking credit as a presenter for the CLE provider: | | | |
| Describe your participation (speaker, moderator, etc.) | | | |
| | | | |
| List the number of minutes that you presented: (indicate the | his time on the agenda) | | |
| Certification | | | |
| I certify that all the information contained in this application and attachments is true, and that I have attached all items listed in the "required attachments" on the first page of this application packet. | | | |
| | | | |
| Signature | Date | | |