

GUAM BAR ASSOCIATION

284 W. Chalan Santo Papa ■ Hagåtña, Guam 96910
Telephone: (671) 989-4227 Email: info@guambar.org Website: www.guambar.org



REQUEST FOR APPROVAL OF CLE HOURS

Use this form if the CLE event is not automatically approved for credit. Email your completed form along with accompanying agendas and course/training documents, in PDF format, to Christine Tenorio at tenorio.cms@gmail.com. For approval of 2019 credits, requests are due by December 13, 2019. File size of attachments should not exceed 4 MB to prevent delays.

1. Attorney Information (please print clearly):

Name: _____

Mailing Address: _____

Work Phone #: _____ E-mail: _____

2. Title of Program: _____

Course Sponsor: _____

Accrediting Institution: _____

3. Total CLE hours requested: _____ including (_____) Ethic hours

Date(s) of Course(s): _____

Date(s) Course(s) Completed: _____

4. Check all that apply:

- | | | | |
|---|------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> LIVE | <input type="checkbox"/> VIDEO | <input type="checkbox"/> AUDIO | <input type="checkbox"/> CD-ROM |
| <input type="checkbox"/> SATELLITE | <input type="checkbox"/> INTERNET | <input type="checkbox"/> TEACHING | <input type="checkbox"/> IN-OFFICE |
| <input type="checkbox"/> TELECONFERENCE | <input type="checkbox"/> LECTURING | <input type="checkbox"/> OTHER: _____ | |

5. **Required Attachments:**

- Program Schedule or Agenda (times are needed to verify credit hours)
- Course Materials (Table of Contents) or statement describing the subject matter

6. **Required Attachments** for Members seeking credit for Teaching or Lecturing:

- Statement certifying the number of hours spent in preparation for the class or lecture and number of hours spent delivering lecture to the audience (times are needed to verify credit hours)
- Course Syllabus, lecture outline or statement describing the subject matter (information is needed to determine whether activity shall be approved for credit)

Signature of Attorney: _____ Date Submitted: _____

