

APPENDIX 1

Virgin Islands Bar Association
27 & 28 King Cross Street
Phoenix Court Business Complex
P.O. Box 4108
St. Croix, U.S. Virgin Islands 00822
Tel: (340) 778-7497
Fax: (340) 773-5060
executivedirector@vibar.org

FOR VIBA USE ONLY

CLE hours: _____
Ethics Hours: _____
Reporting Year: _____
Approved: Y N Approval/Denial Date: _____

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ATTORNEY APPLICATION FOR CLE CREDIT/CERTIFICATION OF ATTENDANCE

Check if new address of record.

ALL SPACES MUST BE FILLED; SPACES LEFT EMPTY WILL RESULT IN DELAY OF PROCESSING YOUR APPLICATION.

PLEASE REPLY BY EMAIL, FAX OR MAIL. IF YOU FAX YOUR FORM DO NOT MAIL THE ORIGINAL.

1. Applicant Information:

Name: _____

Virgin Islands Bar Association ID Number: _____

Work / Firm Address: _____

Personal Mailing Address: _____

Firm Phone: _____ Firm Fax: _____

E-Mail Address: _____

2. Title of Program: _____

Course Sponsor: _____

Accrediting Institution: _____

3. Total CLE Hours: _____ including (_____) Ethics Hours

Date(s) of course: _____

Location(s): _____

4. Circle all that apply: LIVE VIDEO AUDIO CD-ROM
IN-OFFICE SATELLITE
TELECONFERENCE INTERNET
TEACHING LECTURING

5. Course Registration Fee: \$ _____

Target Audience: Clients _____ Attorneys _____ Other _____

6. **Required Attachments for Course Attendees (live, in-office, self-study courses):**

- a. **All courses: Program schedule or agenda (times are needed to verify credit hours), and**
- b. **Courses not automatically approved for credit: Course materials (table of contents) or statement describing the subject matter (information is needed to determine whether course shall be approved for credit)**

7. **Required Attachments for members seeking credit for Teaching or Lecturing:**

- a. **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), and**
- b. **Course syllabus, lecture outline or statement describing the subject matter (information is needed to determine whether activity shall be approved for credit)**

8. **Required Attachments for members seeking credit for VIBA participation:**

- a. **Statement describing the officer's or committee's tasks, the scope of the member's participation and the number of hours actually expended attending meetings or working on assigned tasks**

9. **CERTIFICATION:** I certify under the penalty of perjury that I attended _____ hours, including

(_____) Ethics hours, of the above-named courses.

Signature of Attorney: _____ Date: _____