



## Third-Party CLE Approval Application

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Credential Type (RP, CRP, PC, etc.): \_\_\_\_\_

Title of CLE: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ Location & Length of CLE: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Presenter Name(s) & Title(s): \_\_\_\_\_

No. of Credits Requesting to be Approved: General - \_\_\_\_\_ Ethics - \_\_\_\_\_

Please provide a brief summary of the CLE:

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**\*Applicant must attach a copy of the CLE brochure, agenda and/or presentation AND proof of attendance. If any Ethics credits are being requested for approval, Applicant must also attach the presenter's biography with this Application.**

Please email this Application and all supporting documents to [certification@vtparalegal.org](mailto:certification@vtparalegal.org) within three (3) months of CLE completion.