



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:

***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 within three (3) months of CLE completion.