



# Uniform Application for Approval of Continuing Legal Education

**APPLICATION TO THE STATE OF:**  
Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205

### MCLE STATE NOTIFICATION OF ACCREDITATION

To be completed by the MCLE State regulatory agency and returned to applicant.

Course Number: \_\_\_\_\_ Date: 9/13/2024

The following action has been taken on this application:

**APPROVED** for a total of 6.5 CLE credits  
Including 6 Ethics Credits

Other Credit Breakdown: \_\_\_\_\_  
(if applicable)

**NOT APPROVED**  
(See comments below or additional information attached.)

**RETURNED** for the request of additional information.  
Please complete each item on the form as indicated by the numbers circled below.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

**OTHER**  
Regulator Comments:

**1 SPONSORING ORGANIZATION INFORMATION**

NAME The Gault Center

ADDRESS 1800 M Street NW  
FT 1, Box 33604

CITY Washington STATE DC ZIP 20036

TELEPHONE 202-578-0293 FAX \_\_\_\_\_ EMAIL summit@defendyourrights.org

**2 TITLE OF EDUCATIONAL ACTIVITY**  
2024 Youth Defender Leadership Summit

**3 DATE(S) LOCATION(S)**

10/18/2024-10/19/2024 7800 E Tufts Ave, Denver, CO 80237

**4 REGISTRATION FEE:** \$250.00

**5 WRITING SURFACE AVAILABLE:**  Yes  No

**6 METHODS OF PRESENTATION:**

Faculty in Room with Participants  Telephone to Broadcast Site  Live Web Cast  
 Interactive Video  Satellite  Other:  
 Audio Presentation  Videotape Presentation  
 Internet On-Demand (Interactive)  Discussion Leader present

**7 TYPE OF LAW CODE(S):** (Available for review: <https://www.clereg.org/lawClassifications.asp>)

1. CRIM Additional Codes Optional: 2 3. 4.

**DEGREE OF DIFFICULTY:**  Beginner  Intermediate  Advanced  All Levels

**8 ADVERTISED TO:**  Lawyers  Clients  Others (Specify/Indicate %)

**9 LIST ANY ADMISSION RESTRICTIONS:**  
N/A

**10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)**

Open/Publicized to Outside Lawyers  Yes  No  
 Outsiders are \_\_\_\_\_ % of Faculty & Clients are \_\_\_\_\_ % of audience  
 If not open, please specify reason:

**11 METHOD OF EVALUATION:**  Participant Critique  Independent Evaluator  None  Other:

**12 MATERIALS DESCRIPTION**

Total Pages: 600  Loose leaf  Bound  No materials supplied  
 Distributed:  Before Program  At Program  Other:

**13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:**

a. Time Schedule/Agenda (Brochure, Outline, Description)  
 b. Table of Contents  
 c. Faculty Description  
 d. Complete Set of Materials and Fees (Only in states where required)

### APPLICANT IN FORMATION (please print)

Sponsor Representative  
 Name: Sinia Maile  
 Title: Operations Coordinator

**14 CREDITS REQUESTED:**

Indicate minutes of instruction not including breaks, meals or introductions:

General/Substantive: 390  
 Ethics: 300  
 Substance Abuse: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: 690

Complete the following if filed by individual attorney:

Attorney Name:  
 Address:  
 City: State: Zip:  
 Contact Number:  
 Email:

**15 ACCREDITATION BY OTHER STATES:**

GRANTED: GA, TX, MT, NV  
 DENIED:

**16 SUBMITTED BY:**  Course Sponsor  Individual Lawyer

Please Complete and sign Applicant Information →

SIGN HERE Sinia Maile Date: 9/5/2024