



CAI'S COLLEGE OF COMMUNITY ASSOCIATION LAWYERS PRESENTS

# Law Seminar

**CERTIFICATE OF ATTENDANCE – TENNESSEE  
Continuing Legal Education (CLE)**

Provider: Community Associations Institute  
Title: 2024 Community Association Law Seminar  
Date/Time of Activity: February 14, 2024, 1 – 5pm  
February 15, 2024, 12:10pm – 5:55pm  
February 16, 2024, 8am – 4:10pm  
February 17, 2024, 9 – 10:10am  
Location: Las Vegas, Nevada

**Total Hours Eligible for Continuing Legal Education (CLE) Credit:**

**Wednesday Programming: 3 hrs 45 min**  
**Thursday-Saturday Programming: 14 hrs 20 min Total including 4 hrs 40 min Ethics  
and 1 hr 10 min Mental Health**

By signing below, I certify that I participated in the activity described above  
and am entitled to claim the following CLE hours:

Total Hours: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Provider Signature: Holly Carson

**To Be Completed by Attorney after Participation in Activity**



6402 Arlington Boulevard, Suite 500, Falls Church, VA 22042  
(888) 224-4321 [www.caionline.org](http://www.caionline.org)

**CLE<sub>reg</sub> Uniform Application for Approval of Continuing Legal Education**

<b>APPLICATION TO THE STATE OF:</b>					<b>MCLE STATE NOTIFICATION OF ACCREDITATION</b>				
<b>1 SPONSORING ORGANIZATION INFORMATION</b>					To be completed by the MCLE State regulatory agency and returned to applicant.				
NAME					Course Number: _____ Date: _____				
ADDRESS					The following action has been taken on this application:				
STREET					<input type="checkbox"/> <b>APPROVED</b> for a total of _____ CLE credits Including _____ Ethics Credits				
CITY		STATE		ZIP		Other Credit Breakdown: _____ (if applicable)			
TELEPHONE		FAX		EMAIL			<input type="checkbox"/> <b>NOT APPROVED</b> (See comments below or additional information attached.)		
<b>2 TITLE OF EDUCATIONAL ACTIVITY</b>					<input type="checkbox"/> <b>RETURNED</b> 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				
<b>3 DATE(S)</b>		<b>LOCATION(S)</b>			<input type="checkbox"/> <b>OTHER</b> Regulator Comments:				
<b>4 REGISTRATION FEE:</b>									
<b>5 WRITING SURFACE AVAILABLE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>6 METHODS OF PRESENTATION:</b>									
<input type="checkbox"/> Faculty in Room with Participants		<input type="checkbox"/> Telephone to Broadcast Site		<input type="checkbox"/> Live Web Cast					
<input type="checkbox"/> Interactive Video		<input type="checkbox"/> Satellite		<input type="checkbox"/> Other:					
<input type="checkbox"/> Audio Presentation		<input type="checkbox"/> Videotape Presentation							
<input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Discussion Leader present							
<b>7 TYPE OF LAW CODE(S):</b> (Available for review: <a href="https://www.clerg.org/resources/law-classifications">https://www.clerg.org/resources/law-classifications</a> )									
1. _____		Additional Codes Optional: 2 _____		3. _____		4. _____			
<b>DEGREE OF DIFFICULTY:</b> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels									
<b>8 ADVERTISED TO:</b> _____ % Lawyers _____ % Clients _____ % Others (Specify/Indicate %)									
<b>9 LIST ANY ADMISSION RESTRICTIONS:</b>									
<b>10 IN-HOUSE ACTIVITY INFORMATION</b> (See Local Rules for Applicability)									
Open/Publicized to Outside Lawyers <input type="checkbox"/> Yes <input type="checkbox"/> No									
Outsiders are _____ % of Faculty & Clients are _____ % of audience									
If not open, please specify reason:									
<b>11 METHOD OF EVALUATION:</b> <input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:									
<b>12 MATERIALS DESCRIPTION</b>									
Total Pages: _____		<input type="checkbox"/> Loose leaf		<input type="checkbox"/> Bound		<input type="checkbox"/> No materials supplied			
Distributed:		<input type="checkbox"/> Before Program		<input type="checkbox"/> At Program		<input type="checkbox"/> Other:			
<b>13 REQUIRED ATTACHMENTS TO THIS APPLICATION:</b>					<b>APPLICANT INFORMATION</b> (please print)				
a. Time Schedule/Agenda (Brochure, Outline, Description)					Sponsor Representative				
b. Table of Contents					Name:				
c. Faculty Description					Title:				
d. Complete Set of Materials and Fees (Only in states where required)					<b>Complete the following if filed by individual attorney:</b>				
<b>14 CREDITS REQUESTED:</b>					Attorney Name:				
Indicate minutes of instruction not including breaks, meals or introductions:					Address:				
General/Substantive: _____					City:		State:		Zip:
Ethics: _____					Contact Number:				
Substance Abuse: _____					Email:				
Other: _____									
Total: _____									
<b>15 ACCREDITATION BY OTHER STATES:</b>									
GRANTED:									
DENIED:									
<b>16 SUBMITTED BY:</b> <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer					<b>SIGN HERE</b>				
Please Complete and sign Applicant Information →					Date: _____				