



May 31, 2019

Bankruptcy Bar Assn for the District of Maryland
CLE Representative
1765 Greensboro Station Place
Suite 1000
McLean, VA 22102

Subject: PA CLE Course Approval Notice

Dear Applicant,

The following program sponsored by Bankruptcy Bar Assn for the District of Maryland, has been approved by the PA CLE Board.

Course Title	Date	Location	Credits Approved
23rd Annual Spring Break Weekend	05/03/2019	Annapolis, MD	Maximum: 9.00 = 1.00E 8.00S

Instructions for Lawyers Seeking CLE Credit:

Attendees should submit a copy of the enclosed Pennsylvania Credit Request Form and a copy of the provider's attendance certificate (if available) along with a check, made payable to PACLE, for \$1.50 per credit hour. (See Section C of the Credit Request Form for fee calculations.)

If you have any questions, please check our website at www.pacle.org, contact our office at (800) 497-2253 or email khoffner@pacle.org.

The Supreme Court of Pennsylvania Continuing Legal Education Board

Pennsylvania Judicial Center • 601 Commonwealth Ave • Suite 3400
PO Box 62495 • Harrisburg, PA 17106-2495 • (800) 497-2253 • www.pacle.org



CLE Credit Request Form

BA _____

This form is for lawyers to report CLE credits to the CLE Board when attending a program not sponsored by an Accredited Provider. Lawyers seeking CLE credit in Pennsylvania must complete Section B of this form and return it to the CLE Board along with a copy of the provider's attendance certificate (if available) and a check made payable to PACLE for \$1.50 per credit hour. Please refer to Section C for attendance fee calculations.

SECTION A: Course Information

Provider: 1473 Bankruptcy Bar Assn for the District of Maryland

Course: 303270 23rd Annual Spring Break Weekend (658425)

Date: 05/03/2019 09:00 Location: Annapolis, MD

Total CLE Credit Hours: Maximum: 9.00 = 1.00E 8.00S

SECTION B: Lawyer Information

Lawyer Name _____ PA Lawyer ID _____

Address _____

City _____ State _____ Zip _____

By signing below, I certify the activity described above and am entitled to claim:

____ Ethics, ____ Substantive ____ Total CLE Credit Hours.

Signature _____

Date _____

I am enclosing check # _____ for \$ _____

NOTE: If you attended the maximum 9.00 credit hours for this course, please enclose \$13.50 attendance fee payment. If you attended fewer than the maximum approved credits, please include payment for only the credits claimed. See Section C below for calculation.

Section C: Attendance Fee Calculation

Pennsylvania grants one (1) CLE credit for each 60 minutes of attendance at an approved course. A \$1.50 per credit hour fee is required for each credit reported and any additional half hour increment.

1 hour = \$1.50	1.5 to 2 hours = \$3.00	2.5 to 3 hours = \$4.50	3.5 to 4 hours = \$6.00
4.5 to 5 hours = \$7.50	5.5 to 6 hours = \$9.00	6.5 to 7 hours = \$10.50	7.5 to 8 hours = \$12.00
etc...			

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