

# Vendor Program Request Form

(please submit a separate application for each program, feel free to duplicate as necessary.)

Title of Program: \_\_\_\_\_

Length of Program (hours): \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Is the Instructor a(n) :     Attorney     Educator     Physician     Certified PLS  
     Other (please specify) \_\_\_\_\_

• submit resume(s) of the instructor(s) on a separate sheet •

Program Description: \_\_\_\_\_

\_\_\_\_\_

Delivery Method(s): \_\_\_\_\_

Handout Materials: \_\_\_\_\_

\_\_\_\_\_

• submit a copy of the handout materials with your application. These materials will remain on file at NALS until the expiration date of your program or handouts, please submit these changes to NALS. •

Proposed Location(s): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (primary): \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

• submitting this form DOES NOT guarantee that your program or course will be approved for Continuing Legal Education by NALS. •

## FOR NALS INTERNAL USE

Date Received	Date Routed to Committee Member	Date Returned from Committee Member
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### Approvals

Date	Approved By	Number of Points
	Education Committee	CLE Credits
	Certification & Accreditation Committee	Recertification Points
	Director of Education	

Expiration Date: \_\_\_\_\_

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