



SUPREME COURT OF THE PHILIPPINES  
MANDATORY CONTINUING LEGAL EDUCATION OFFICE  
4th Floor, IBP Building  
15 Doña Julia Vargas Avenue  
Ortigas Center, Pasig City

APPLICATION FOR ACCREDITATION  
AS MCLE PROVIDER

Application is hereby made for accreditation as a provider of continuing legal education activities/programs required under Bar Matter No. 850 issued by the Supreme Court of the Philippines on August 21, 2000.

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_ e-mail address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Telefax \_\_\_\_\_
4. Name of Representative: \_\_\_\_\_
5. Title of Representative: \_\_\_\_\_
6. Classification:
  - \_\_\_\_\_ a) National Legal Organization
  - \_\_\_\_\_ b) Local Legal Organization
  - \_\_\_\_\_ c) Law Office
  - \_\_\_\_\_ d) Law School
  - \_\_\_\_\_ e) Bar Review Center
  - \_\_\_\_\_ f) Others, please specify: \_\_\_\_\_
7. Required attachments to this Application:
  - a) The duly accomplished application (MCLE Form 02) for approval of MCLE activity or program; and
  - b) P5,000.00 non-refundable application fee. (P1,000.00 only for government educational institutions or offices and IBP Chapters)
8. Requirements of accredited providers:
  - a) Comply with MCLE Rules and Regulations including any amendments thereto;
  - b) Allow in-person observation of MCLE activity by the Committee or its designated representative to monitor, at no charge, any approved activity and without notice;
  - c) Within 30 days after each MCLE activity, furnish the Committee with a brochure/summary of the program, its evaluation, and an alphabetical list of attendees with Admission Roll Nos.;
  - d) Conduct all MCLE activities substantially as advertised and represented to the Committee;
  - e) File an annual report by March 1 each year, summarizing all MCLE activities held during the year;
  - f) Pay a non-refundable annual fee of P2,000.00 by March 1 of each year. (P1,000.00 only for government educational institutions or offices and IBP Chapters)
9. An accredited provider acknowledges that its accreditation may be canceled for violations of the MCLE Rules and Regulations or failure to comply with the agreements and representations contained in this Application.

\_\_\_\_\_  
Printed Name and Signature of Applicant/Representative

\_\_\_\_\_  
Date

(Three (3) copies of this application and attachments thereto should be submitted to the MCLE Office)