



NC DISPUTE RESOLUTION COMMISSION
PO BOX 2448
RALEIGH, NC 27602
919-890-1415

SPONSOR'S APPLICATION FOR APPROVAL OF PROGRAM FOR CME CREDIT
Please submit this application to the DRC at least 60 days prior to the CME Program

1. Full name of Sponsor: _____
Website: _____
2. Contact person for questions about content: _____
Telephone #: _____
Address: _____
Email address: _____
3. Program title: _____
4. Live Program Date: _____ No. of CME hours sought: _____
 - a. Video replay first available date: _____
 - b. Webinar first available date: _____
Link: _____
 - c. On demand first available date: _____
Link: _____
5. Location of live program: _____ Registration fee: _____
Start time of the program: _____ a.m. / p.m.
6. This Program has been ___ submitted for approval or ___ approved for ___ hours of CLE credit by the Board of Continuing Legal Education of the NC State Bar.
7. Please attach the following required information:
 - a. When obtained, approval of course program for CLE credit from NC State Bar.
 - b. A brief description of the eligible subject matter covered in the course program
 - c. Identification of all presenters by name and qualification
 - d. A draft agenda or outline of the program

8. The Sponsor agrees to furnish to the DRC within 30 days after the conclusion of the CME Program, a listing of attendees and the number of hours each attended, in alphabetical order.
9. The Sponsor certifies that, pursuant to the DRC'S Mandatory CME Policy, this program does relate either to G.S. §7A-38.1, G.S. §7A-38.4A, Rules of the NC Supreme Court for the MSC and FFS Programs, Rules of the NC Industrial Commission, Standards of Professional Conduct for Mediators, grievance and disciplinary procedures of the DRC, advisory opinions adopted to date by the DRC, or case law updates involving mediation.
10. The DRC does not currently charge a fee per credit hour per attendee, for CME reporting purposes, and Sponsor should not collect a fee from any attendee on behalf of the DRC.

Date: _____

CME Sponsor: _____

Signature: _____

Title: _____

For Commission use only:

This program _____ is _____ is not approved for _____ hours of CME credit.

Date: _____

Approved by: _____