



Oklahoma  
Mandatory Continuing  
Legal Education Commission

## Request for Waiver of MCLE

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This application should be submitted by those who do NOT qualify for one of the exemptions that are permitted in [Rule 2](#), but who are not able to earn the required credit for the year due to extreme hardship or extenuating circumstances.

Please return the completed form to:

OK MCLE Commission

1902 N. Lincoln Blvd.

P.O. Box 53036

Oklahoma City, OK 73152

405-416-7009 or 800-522-8065

e-mail: [mcle@okbar.org](mailto:mcle@okbar.org)



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<p>NOTICE OF DECISION</p> <p><input type="checkbox"/> Request Granted</p> <p><input type="checkbox"/> Request Denied</p> <p>Date _____</p>
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APPLICATION TO REQUEST A WAIVER OF THE EDUCATIONAL REQUIREMENTS OF  
MANDATORY CONTINUING LEGAL EDUCATION

Name of Member \_\_\_\_\_ OBA Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of person submitting application, if different from above. \_\_\_\_\_

Relationship to member. \_\_\_\_\_ Date of this Application \_\_\_\_\_

Year for which waiver is requested \_\_\_\_\_. Request is for \_\_\_\_ Full or \_\_\_\_ Partial Waiver.

If partial waiver, indicate the total credit carried forward \_\_\_\_ Legal ethics included in total \_\_\_\_

and/or total credit earned in the current year \_\_\_\_ Legal ethics credit included in total \_\_\_\_

Reason for Request \_\_\_\_ Medical \_\_\_\_ Moved \_\_\_\_ Other.

**-- IF MEDICAL REQUEST,**

Please describe below including the onset and nature of illness, infirmity or disability and expected length of recovery. Attach additional pages as needed.

**\*\*A Doctors' statement must accompany this application setting forth the nature of the illness, infirmity or disability the onset and expected length of recovery.\*\***

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\_\_\_\_\_

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**-- IF YOU MOVED FROM OKLAHOMA,**

Date you left the practice of law in Oklahoma. \_\_\_\_\_

Did you handle or are you currently handling any Oklahoma cases since that date? \_\_\_\_\_

Do you currently expect to return to the practice of law in Oklahoma in the year for which the waiver is sought? \_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**-- IF YOU RETURNED TO OKLAHOMA,**

Date you returned to the practice of law in Oklahoma. \_\_\_\_\_

Do you have any CLE credit earned in another State which might qualify for credit in Oklahoma? \_\_\_\_\_

If yes, please complete and submit copies of the Uniform Application for Accreditation for each program.

**If your reason for requesting a waiver is not listed above or you need to provide additional information, please attach additional pages.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Please return completed form to:

Beverly S. Petry, MCLE Administrator  
1901 N. Lincoln Blvd.  
P.O. Box 53036  
Oklahoma City, OK 73152

phone: 405-416-7009  
fax: 405-416-7001  
email: beverlyp@okbar.org