

## Commonwealth of Puerto Rico GENERAL COURT OF JUSTICE Supreme Court of Puerto Rico

Continuing Legal Education Program

## NOTIFICATION OF REPETITION, CHANGES OR CANCELATION OF AN APPROVED COURSE

Notification of: Repetition / Changes / Cancelation Changes in : Date / Time / Location / Cost / Resources / Materials
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## Instructions:

- Complete all spaces and indicate N/A where not applicable.
- Should you need additional space, you may use the OAT Form 1413 Additional Information Sheet.
- Include all documents with the changes, as well as any other document required under the Program Rules.
- Incomplete notifications lacking information or documents will be returned and deemed as not filed for purposes of the Rules, including the applicable deadlines.
- If you wish to receive a mailed notice, please include a self-addressed stamped envelope.
- Submit this document to the Program's office, at 610 Ponce de León Ave., San Juan, PR. You may also send it by mail to the CONTINUING LEGAL EDUCATION PROGRAM, PO BOX 190917 SAN JUAN PR 00919-0917, or by fax at (787) 641-6602. For additional information, call (787) 641-6604.

PART I. TO BE COMPLETED BY THE PROVIDER						
A.	General Information of Provider					
	1. Name:					
	2. Mailing address:					
	3. E-mail:					
	4. Telephone: 5. Fax:					
В.	Course Information					
	1. Title:					
	2. Approved course code assigned by the Program:					
	<ol><li>Indicate course date, location, time, cost, speaker, and total credit hours as originally approved by the Program:</li></ol>					
	4. Indicate dates, locations, times, costs, and speakers of course repetitions:					
	5. Indicate the date of the course that was canceled (if applicable):					
	6. State the reasons for the changes or course cancellation (if applicable):					
	7. Attachments: (Include applicable documents according to approved course changes)					
	<ul> <li>□ Draft of the brochure or notice of the course</li> <li>□ Detailed outline, including time allotted per topic (only if there are changes in the course program)</li> <li>□ Curriculum vitae of each speaker (only if there are changes)</li> <li>□ Copy of educational materials to be distributed to the participants (if there are changes or if not previously submitted)</li> <li>□ Other (state):</li> </ul>					

(CO	ONTINUED) PART I. TO BE COMPLETED BY THE PROVIDER						
C.	Certification						
	I hereby certify that the information provided here is true and correct, as well as the content of the documents attached to this petition. I understand that this information and the documents are subject to verification. I have complied with all the requirements applicable to this procedure under the Rules of the Continuing Legal Education Program. Likewise, I am aware that if any falsehood or fraud is discovered in connection with the statements I have made here, my petition will be denied or the approval revoked. I guarantee that the course will be offered as approved by the Program and agree to comply with the requirement of effective disclosure of the course repetition hereby notified.						
	Name of the Director, Provider, or his/her Authorized Representative	Position	Signature	Date (m/d/y)			
PAF	PART II. TO BE COMPLETED BY THE PROGRAM DIRECTOR OR HIS/HER AUTHORIZED REPRESENTATIVE						
	Remarks:						
	<u>Determination</u>						
	I have evaluated this application and its attachments and determine that it has been:   — Approved Course code:						
	☐ Conditioned						
	Conditioned	☐ Ret	urned for more information	(The revised version			
	☐ Denied	musi	be submitted in a new form.)				
	Remarks:						

Position

Date (m/d/y)

Signature

Name