



BERMUDA BAR ASSOCIATION

BERMUDA BAR ASSOCIATION CONTINUING LEGAL EDUCATION COURSE APPROVAL FORM*

I. APPLICANT

Name: _____

Firm: _____

Phone: _____ Fax: _____ E-mail: _____

II. COURSE INFORMATION

Title: _____

Offered by: _____

Date(s): _____

Location: _____

NOTE: The course brochure and/or detailed agenda **must** accompany this form.
Please indicate sessions attended on the agenda.

For Office Use Only

III. APPROVAL

Approved for credit of _____ hours

Not approved for credit

Comments:

*To be completed by lawyers seeking credit for continuing legal courses other than those offered by the Bermuda Bar.