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**ISBA Section/Committee Request to Extend  
Online CLE Program Accreditation Period**

**Program Title:**

**Sponsoring Section or Committee:**

**CLE Coordinator Making the Request:**

**Expiration Date Listed in ISBA Online CLE Catalog:**        
(*typically two years from original recording date)*

**New Expiration Date Requested:**      *(up to two years from current expiration date)*

**Date Submitted:**

Submit this request:

To the ISBA CLE Department, Attn: Tara Sanders

Illinois State Bar Association, 424 South Second Street, Springfield, IL 62701

Fax: (217) 525-0712 / Email: tsanders@isba.org

**We will notify you when the extension is completed.**