

# Suffolk Academy of Law Program Proposal

## Program Proposal

Thank you for submitting your proposal for consideration by the Curriculum Committee. **Be sure to respond to every question (if not applicable, write N/A).** Feel free to attach additional pages to this proposal, including outlines, etc. Return the proposal to the Academy for consideration at the next meeting of Academy Officers. For additional information or questions, please contact Academy Executive Director, Cynthia Doerler at (631) 234-5588 x 229 or via email [cynthia@scba.org](mailto:cynthia@scba.org).

**PROPOSED PROGRAM TITLE/TOPIC:** \_\_\_\_\_

**PROPOSED PROGRAM DATE AND TIME:** \_\_\_\_\_

**IS THIS A SERIES?** Yes No

If yes, how many programs in the series?

**PROPOSED PROGRAM LENGTH AND TYPE** (ex: Eve-3 hour; Lunch & Learn-1 hour; Courthouse Program – 2 hours, etc.):

Program Type: \_\_\_\_\_

Program Length: \_\_\_\_\_

**PROPOSED PROGRAM FORMAT:** (Lecture, Panel Presentation, Interactive Workshop, Etc.)

Program Format: \_\_\_\_\_

**PROGRAM COORDINATOR(S)** (please provide the names and contact information, including phone and email\*):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*(At least one program coordinator must be an Academy Officer, Advisory Committee Member or Volunteer; or, for in-Committee and Specialty Bar programs, an SCBA Committee or Specialty Bar Chair)*

**PROPOSED PROGRAM DESCRIPTION:** (Include instructional goals, how the program will aid the attendee in the practice of law, **what can attorneys be expected to learn during this program**, etc.)

**CLE CREDIT** (please indicate the proposed # of credits in each category:

Professional Practice (Substantive Law): \_\_\_\_\_

Skills: \_\_\_\_\_

Ethics: \_\_\_\_\_

Practice Management: \_\_\_\_\_

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Suffolk Academy of Law  
560 Wheeler Road, Hauppauge, NY 11788  
631-234-5588  
scba.org



**INSTRUCTIONAL LEVEL:**     **Beginner** (suitable for transitional/newly admitted attorneys)  
    **Intermediate**                     **Advanced**

**PROPOSED FACULTY:**

Full Name: \_\_\_\_\_

Firm Name or position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Firm Name or position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please attach additional sheets if necessary to include all proposed faculty names and contact information*

**PROPOSED PROGRAM DESCRIPTION:** (please include instructional goals, how the program will aid the attendee in the practice of law, etc.)

**WHAT ARE THE PROGRAM'S LEARNING OBJECTIVES?** (3 to 5 bullets)

**PROPOSED PROGRAM SPONSORS:**

Sponsor Company Name: \_\_\_\_\_

Name of contact at sponsor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

