

CLE for Ohio

Attorneys:

Fill out both forms and mail to:  
The Supreme Court of Ohio  
Commission on CLE, 5<sup>th</sup> Floor  
65 South Front Street  
Columbus, OH 43215-3431

You have 60 days after the event to submit the forms with no fees.

as of March 19, 2015

**APPLICATION FOR ACCREDITATION OF CONTINUING LEGAL EDUCATION ACTIVITY (CCLE Form 6)**

To: The Supreme Court of Ohio  
Commission on CLE, 5<sup>th</sup> Floor  
65 S. Front Street  
Columbus, OH 43215-3431

1. Name and address of organization providing or sponsoring the educational activity (not the name of the person applying):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Name of sponsor contact person:

Phone number of contact:

( ) \_\_\_\_\_

Email address of contact person:

Sponsor Website: \_\_\_\_\_

3. Title of the educational activity: \_\_\_\_\_  
Degree of Difficulty:

Basic

Intermediate

Advanced

4. List dates and cities/states: \_\_\_\_\_

Approved Activity Code: \_\_\_\_\_

**NOTICE OF DECISION**

The following action has been taken on this application:

APPROVED for \_\_\_\_\_ CLE credit(s), including  
\_\_\_\_\_ Ethics \_\_\_\_\_ Sub. Ab. \_\_\_\_\_ Professionalism

ACCREDITATION DENIED. Reference \_\_\_\_\_

Date \_\_\_\_\_ CLE Staff \_\_\_\_\_

5. Registration Fee: \_\_\_\_\_

6. Writing surface available?  Yes  No

7. Method(s) of Presentation:

Faculty in Room with Participants

Prerecorded presentation (See Rule X, Regulation 408)

Qualified Speaker required during video or audio presentation (Rule X, Regulation 100(Q))  
Name \_\_\_\_\_  
OH Reg. # \_\_\_\_\_  
(Attach Qualified Speaker's Credentials)

Live Technology at Official Viewing Site with Live Interaction

8. Advertised to:  Lawyers  Others – Specify: \_\_\_\_\_

If program is not primarily for attorneys, please attach supplementary Form 13 (sponsors) or 14 (individual attorney applicants) to apply for CLE accreditation on an interdisciplinary basis.

9. List any admission restrictions: \_\_\_\_\_

10. "Special Program" or "in-house activity" requirements (See Rule X, Regulation 407):

Seating Available to Outside Attorneys: \_\_\_\_\_ % Faculty Not Associated with Sponsoring Organization \_\_\_\_\_ %

11. Method of Evaluation:  Participant critique  Independent Evaluator  None  Other: \_\_\_\_\_

12. Required description of materials to be distributed: \_\_\_\_\_ Total Pages  Looseleaf  Bound

When are materials distributed?  Before Seminar  At Seminar  Other \_\_\_\_\_

13. REQUIRED ATTACHMENTS to this application

- a. detailed time schedule (must show times of day, not just length of time)
- b. brochure, course outline or course description
- c. table of contents of handouts (or equivalent)
- d. faculty names and credentials
- e. complete set of materials must be available upon request. Do NOT send unless requested.

14. Please state the total *minutes* of instruction for which you are requesting CLE credit, not including breaks, meals, business meetings, opening or closing remarks, keynote speeches or presentations concurrent with the consumption of a meal.

General Minutes: \_\_\_\_\_

Ethics Minutes: \_\_\_\_\_ Professionalism Minutes: \_\_\_\_\_

Substance Abuse Instruction Minutes: \_\_\_\_\_

TOTAL MINUTES: \_\_\_\_\_

15. Approval by other states/granted by: \_\_\_\_\_

Denied by/Reason for denial: \_\_\_\_\_

16. Submitted by:  Representative of sponsor/provider

Individual Lawyer – Registration #: \_\_\_\_\_

Name of Person Applying

Address

Telephone

Signature

Date

Title (Only if Representative of Sponsor/Provider)

**SPONSOR'S OBLIGATIONS** (does not apply to individual applicants): Sponsor acknowledges and agrees to comply with all applicable local rules and regulations listed on the back side of this form or attached.

*as of March 19, 2015*

THE SUPREME COURT OF OHIO  
Commission on Continuing Legal Education  
65 South Front Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43215-3431

REQUEST FOR CREDIT FOR ATTENDANCE AT A CLE ACTIVITY OUTSIDE OHIO

This form must be accompanied by a completed Form 6 when applying for post-program approval. If pre-approval of an activity is being sought, this Form 1(a) is not valid until after you attend. You may not request credit for attendance before you have actually attended.

PLEASE PRINT.

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

Address: \_\_\_\_\_  
(Please use home address.)

City/State/Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Activity Title: \_\_\_\_\_

Date and City/State: \_\_\_\_\_

\_\_\_\_\_

Sponsor: \_\_\_\_\_

ATTORNEY'S OHIO SUPREME COURT REGISTRATION NUMBER

\_\_\_\_\_

OHIO CCLE ACTIVITY NUMBER

\_\_\_\_\_  
(If known by applicant; if not, leave blank for CCLE Office use.)

CREDIT HOURS ATTENDED

\_\_\_\_\_

Attorney Signature: \_\_\_\_\_

*as of March 19, 2015*