

Ohio CCLE Form 1(a)

**THE SUPREME COURT OF OHIO
Commission on Continuing Legal Education
65 S. Front Street, 5th Floor
Columbus, Ohio 43215-3431**

Date Received by Office of Attorney Services

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 NUMBER

OHIO CCLE ACTIVITY NUMBER

(If known by attorney; if not, for CCLE Office use.)

CREDIT HOURS ATTENDED

Attorney Signature: _____