

**REQUEST FOR CREDIT AT A SPECIAL PROGRAM/IN-HOUSE CLE ACTIVITY OUTSIDE OHIO
(CCLE Form 1(b))**

Date Received by Office of Attorney Services

[Instructions for Attorneys to Add CLE Credits through Attorney Portal](#)

INSTRUCTIONS

If the activity has not been pre-approved in Ohio, this form must be accompanied by a completed Application for Accreditation of a Special Program (Form 8) when applying for post-program approval. If pre-approval of an activity is being sought, this Form 1(b) is not valid until after you attend. You may not request credit for attendance before you have actually attended.

ATTORNEY INFORMATION

Ohio Registration Number:

Name of Attorney:

Address:

Telephone Number:

Email Address:

ACTIVITY INFORMATION

Ohio Activity Code Number:

Sponsor of CLE Activity:

Title of CLE Activity:

Date and Location of CLE Activity:

Total Credit Hours Attended:

Please provide breakdown of total hours requested. Failure to provide breakdown will result in the form being returned.

General Hours Professional Conduct Credit Hours

I hereby affirm that I have attended the above presentation for the number of hours stated above.

Attorney Signature _____

Date _____