Continuing Legal Education Late Compliance Reporting Form - Form 19 For 2017/2018 Compliance Period Only

All credit hour deficiencies must be completed on or before April 2, 2019. This form and any required supporting documentation and late compliance fee must be postmarked on or before May 2, 2019, and mailed to: Supreme Court of Ohio, Office of Attorney Services, Attention: Late Compliance, 65 South Front Street, 5th Floor, Columbus, Ohio 43215-3431.

Attorney Registration Number:									
Attorney Name (please print):									
Attorney Mailing Address:									
City:	State:	State:			Zip Code:				
Please list the course(s) you have taken on or before April Training hours. You must include the date of the activity, t receive. This form must be completed in its entirety. If the and submit it with a detailed time schedule, speaker creden Certificates of completion must be attached for all self-streampliance period AND the late compliance period (Janual live webcasts, and teleconferences. Incomplete forms will to sanction and/or suspension from the practice of law by the Regulation 503.	the Ohio Approved Activity Control of the course has not been approventials and a certificate of attenudy activities. Please note that the course of the cou	ode, the comed in Ohio, yed ance and \$2 total number (19) cannot ellure to subm	nplete title ou must fu 25 late fee, er of self-st exceed twe nit all reque	of the aculty comp if applicated to the country elve hourselve documents	tivity and the lete an Appable, postmasses that mass. Self-study	ne number blication for arked no larked no larked y be taken y credit includes by the	of hours you a r Accreditation ater than May 2 during the 201 cludes on-dema e deadline will	re eligible to a (Form 6) 2, 2019. 17/2018 and courses, subject you	
			Hours Attended						
Date Ohio Activity Title Activity	Continui	Continuing Legal Education			New Lawyers Training				
Code	General Attorn Profes Condu	sional Conduct		General	Law Office Mgt.	Client Fund Mgt.	Professionalism		
Total Late Compliance Fee enclosed (see Notice of Nonco	impliance for your total late co	ompliance fe	e): \$	S	•	II.	1		
I hereby verify that the information on this form is accurate	•	. Г	Reviewed b	•					
Signature			Approved Denied Letter Sent Date						