

**REQUEST FOR JUDICIAL COLLEGE ACTIVITY
(CCLE Form 25)**

Please email completed form to:
OHCLEapp@sc.ohio.gov
Instructions for emailing CLE applications

Activity Code: _____

NOTICE OF DECISION

The following action has been taken on this application:

- APPROVED for a total of _____ hours (s), including _____ Judicial Conduct Hours.
- Judicial College CLE Self-Study
- ACCREDITATION DENIED. Reference
Date: _____ CLE Staff: _____

INSTRUCTIONS

- Attach a copy of the brochure/program schedule.
- All information requested **MUST BE PROVIDED ON THIS FORM.**
- Announcement of each judicial activity shall be filed at least thirty days prior to the first presentation of an activity.

SPONSOR INFORMATION

1. Sponsor Number: **1711 - Dual Established Sponsor**
2. Name of organization providing or sponsoring the activity:
Ohio Judicial College

ACTIVITY Title and Dates

3. Title of Activity: _____
4. Date(s) and Location(s) (Including City and State): _____

Classroom Activity

5. **Methods of Classroom Presentation:**
 - Faculty in room with participants
 - Groupcast (attendees in a classroom setting) which may include presentations by web conference, satellite, video conference and/or teleconference.
 - Prerecorded Presentation
Name of Qualified Speaker for prerecorded presentation (attach speaker biography): _____
Ohio Attorney Registration Number: _____

SELF-STUDY ACTIVITY

6. **Live Technology:**

Methods of Delivery: (please check all that apply): Live Webcast Teleconference Videoconference
 Other _____

Is there an opportunity for participants to ask questions of faculty during or immediately following the presentation?
 Yes No
7. **Prerecorded Technology:**

Production Date of Original Program: _____
Date(s) On-Demand Program Available: _____
Methods of Delivery: (please check all that apply): On Demand, please provide website URL: _____
 Mp3 Mp4 Audio/Video CD/DVD Other _____
8. Are course materials provided to attendees? Yes No Total Number of Pages: _____

TOTAL HOURS REQUESTED

9. Please state the total hours of instruction for which you are requesting credit, including the type of credit.

General Hours _____	Credit Type:
Judicial Conduct Hours _____	<input type="checkbox"/> Judicial College
Total Hours _____	<input type="checkbox"/> CLE
	<input type="checkbox"/> Self-Study

Name of contact person: _____

Date: _____