

**REQUEST FOR CLE CREDIT FOR ATTENDANCE AT AN ABA ACCREDITED LAW SCHOOL
(CCLE Form 4)**

Date Received by Office of Attorney Services

Please mail completed form to:
The Supreme Court of Ohio
Commission on CLE
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431

Attorney Information

1. Ohio Registration Number:

2. Name of Attorney:

3. Address:

4. Telephone Number:

5. Email Address:

Law School Information

6. Name of Law School:

Address:

Telephone Number:

Website:

7. Name of Program (e.g. L.L.M. Taxation):

Enrolled for: Degree Audit

8. Semester Dates Attended (e.g. 1/5/14-5/15/14 – Winter Semester):

9. List title of course(s) attended and the number of semester hours awarded for the course.

| Title of Course | Semester Hours | General | Professional Conduct |
|-----------------|----------------|---------|----------------------|
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Requests for CLE credit must be submitted within 30 days after the course is completed.

I hereby affirm that I attended the above course(s) for the semester as stated above.

Attorney Signature _____

Date _____

CCLE OFFICE USE ONLY

Ohio Registration Number: _____ Activity Code Number: _____

Law School Attendance Credit Awarded: General Hours _____ Professional Conduct Hours _____