

**APPLICATION FOR CERTIFICATION TO PRACTICE PENDING ADMISSION  
DURING THE ADMISSION TO THE PRACTICE OF LAW PROCESS**

**RECENT LAW GRADUATES**

Please type or print.

**1. Name:** Please provide your full legal name for the official records of the Supreme Court of Ohio Office of Bar Admissions.

Mr.     Ms. \_\_\_\_\_  
(Last Name, First Name, Middle Name)

**2. Mailing address:** You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of the Supreme Court of Ohio Office of Bar Admissions and Office of Attorney Services. You will receive all printed communications at the address you designate as your official address. If your designated address is not the physical location or street address of your principal place of employment, then a physical address must also be given.

Official Mailing Address	Physical Address

Business telephone number \_\_\_\_\_

Business fax number \_\_\_\_\_

Business email address \_\_\_\_\_

**3. Application(s) for Admission to Practice Law in Ohio:**

Date Bar Exam Application was submitted to the Office of Bar Admissions:

\_\_\_\_\_

Have you received final approval from the Board of Commissioners on Character & Fitness?

No \_\_\_\_ Yes \_\_\_\_

Have you previously been denied Admission to Practice Law in Ohio?

No \_\_\_\_ Yes \_\_\_\_

Have you previously taken the Ohio Bar Examination? No \_\_\_\_ Yes \_\_\_\_

If yes, date(s): \_\_\_\_\_

Have you ever failed a Bar Examination in any Jurisdiction? No \_\_\_\_ Yes \_\_\_\_

If yes, date(s): \_\_\_\_\_

**4. Denials of Admission to Practice Law:** Have you ever been denied admission to practice before the bar of any jurisdiction based upon your character or fitness? Check one.

Yes Please indicate jurisdiction(s): \_\_\_\_\_

No

**5. Please provide the name of the law school from which you earned your law degree.**

\_\_\_\_\_

**6. Please indicate the date you earned your law degree.**

\_\_\_\_\_

**7. Identity of Ohio Attorney:** please provide the name, attorney registration number, address, telephone number and email address of the Ohio attorney with whom you will be supervised by while your application for admission is pending.

Name and Attorney Registration Number of Ohio Attorney:

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Address of Ohio Attorney: \_\_\_\_\_

Telephone number of Ohio Attorney: \_\_\_\_\_

Email address of Ohio Attorney: \_\_\_\_\_