

**IN-HOUSE APPLICATION SEATING & SPEAKER VARIANCE REQUEST FORM  
(CCLE Form 15)**

Please email completed form to:  
[OHCLEapp@sc.ohio.gov](mailto:OHCLEapp@sc.ohio.gov)  
[Instructions for emailing CLE applications](#)

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|---|
| <u>Date Received by Office of Attorney Services</u> |
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**This form must be accompanied by a Form 8 and must be completed in its entirety in order for your application for accreditation to be considered. Incomplete applications will be returned unprocessed.**

- 1. Is the sponsor of this activity primarily a sponsor of continuing legal education?  Yes  No
- 2. Is this activity advertised to professionals other than lawyers, or to non-professionals?  Yes  No  
If yes, what profession?
- 3. Is this activity approved for continuing education credit in a discipline other than law?  Yes  No  
If yes, what discipline?
- 4. Has this activity been accredited for continuing legal education credit in any other mandatory CLE state?  Yes  No  
If yes, what state or states?

**Please respond to questions 5 and 6 separately and in detail, using a separate sheet of paper, if necessary.**

- 5. Please detail why you are not using at least one or more presenters who are not a member, partner, associate, client, or employee of the sponsoring organization. (CCLE Reg. 407.1(C)).
- 6. Please detail why you are not opening up the seating to at least 25% of attendees not associated with the sponsoring organization. (CCLE Reg. 407.1(D)).

Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_