

REQUEST FOR ANNOUNCEMENT OF CONTINUING LEGAL EDUCATION ACTIVITY (CCLE Form 18)

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

Activity Code: _____

The following action has been taken on this application:

APPROVED for _____ CLE credit(s), including _____ Professional Conduct Credit Hours.

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 CLE activity shall be filed at least thirty days prior to the first presentation of an activity.

SPONSOR INFORMATION

1. Sponsor Number:		
2. Name and address of organization providing or sponsoring the activity (not the name of person applying).		
3. Website:		
4. Name of sponsor contact person:	5. Telephone Number:	6. Email Address:

ACTIVITY INFORMATION

7. Title of Activity:
8. Date(s) and Location(s) (Including City and State):
9. Methods of Presentation: <input type="checkbox"/> Faculty in room with participants <input type="checkbox"/> Live Technology <u>in group setting</u> (includes Satellite, Videoconference, and Teleconference) If Live Technology, was there an opportunity to ask questions of faculty during or immediately following the presentation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prerecorded Presentation Name of Qualified Speaker for prerecorded presentation (attach speaker biography): _____ Ohio Attorney Registration Number: _____
10. Has the sponsor developed a method of evaluation for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note that a method of evaluation is required for the Activity to be eligible for CLE accreditation.
11. Are course materials provided to attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Number of Pages: _____ When are materials distributed? <input type="checkbox"/> Before Program <input type="checkbox"/> At program <input type="checkbox"/> Electronic <input type="checkbox"/> Other, please explain

TOTAL HOURS REQUESTED

12. Please state the total hours of instruction for which you are requesting CLE credit, not including breaks, business meetings, or opening or closing remarks: General Hours: _____ Professional Conduct Credit Hours: _____ Total Hours: _____
