

THE SUPREME COURT *of* OHIO

Office of Bar Admissions
(614) 387-9340

Application for Certification to Practice Pending Admission Pursuant to Gov. Bar R. I, Sec. 19

This application must be submitted in the Bar Admissions Portal along with a [Certification](#) form and an [Affidavit of Ohio Attorney](#). Only typed responses will be accepted, and the form must contain a signature. All information is required unless otherwise indicated.

APPLICANT INFORMATION

Please list your official, physical mailing address and telephone number. Please note that this information will be published on the Supreme Court of Ohio Attorney Directory, and your primary contact information will be updated in the Bar Admissions Portal.

Full Name (Last, First Middle): _____

Firm/Business Name: _____

Firm/Business Address: _____

Firm/Business Email Address: _____

Primary Contact Number: _____

APPLICATION(S) FOR ADMISSION TO PRACTICE LAW IN OHIO

Admission application(s) submitted:

☐ Registration/Bar Exam ☐ UBE Transfer ☐ Admission Without Examination (Motion)

Date admission application was submitted: _____

Date that you began practicing Ohio law: _____

Have you ever been denied Admission to Practice Law in Ohio? ☐ Yes ☐ No

If Yes, provide the date: _____

Have you ever failed the Ohio Bar Examination? ☐ Yes ☐ No

If Yes, provide the date: _____

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? ☐ Yes ☐ No

If Yes, what jurisdiction(s): _____

BAR ADMISSIONS

I certify that I have been admitted in the following jurisdiction(s) and am in good standing in each:

<u>Jurisdiction</u>	<u>Registration Number</u>	<u>Status</u>
		<input type="checkbox"/> Active <input type="checkbox"/> Other:
		<input type="checkbox"/> Active <input type="checkbox"/> Other:
		<input type="checkbox"/> Active <input type="checkbox"/> Other:
		<input type="checkbox"/> Active <input type="checkbox"/> Other:
		<input type="checkbox"/> Active <input type="checkbox"/> Other:
		<input type="checkbox"/> Active <input type="checkbox"/> Other:

Select one:

- ☐ I am not currently suspended from the practice of law in any jurisdiction where I have been admitted to practice.
- ☐ I am currently suspended from the practice of law in the following jurisdictions:

Select one:

- ☐ I have not resigned from the practice of law with discipline pending in any jurisdiction where I have been admitted to practice.
- ☐ I resigned from the practice of law with discipline pending in the following jurisdictions:

ASSOCIATING OHIO ATTORNEY

Pursuant to Gov. Bar R. I, Sec. 19(A)(2)(f), applicants seeking certification to practice pending admission are required to associate with an active Ohio attorney that is in good standing.

Ohio Attorney Name: _____

Attorney Registration Number: _____

Address: _____

Telephone number: _____

Email address: _____

I certify that the information provided in this application is true and accurate.

Signature: _____ Date: _____