

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

Date Received by Office of Attorney Services

Please email completed form to:
CCLE@sc.ohio.gov

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

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 _____