

THE SUPREME COURT *of* OHIO

COMMISSION ON CONTINUING LEGAL EDUCATION

THIRD PARTY BILLING AUTHORIZATION FORM

Please submit this form along with a completed Application for CLE accreditation.

Third Party Payer Information

Name

Email Address

Billing Email Address (if different from above)

Telephone number

CLE Sponsor Name: _____

Name of Program: _____

Date of Program: _____

The third-party payer has agreed to pay any fees due to the Commission on Continuing Legal Education in connection with the above named program for which the sponsor has completed an application for CLE accreditation. The third-party payer further agrees to pay the invoice within 30 days of receipt.

Signature of Third-Party Payer*

*Electronic signature of “/s/ First Name Last Name” is encouraged.