## APPLICATION FOR CERTIFICATION TO PRACTICE PENDING ADMISSION

## PURSUANT TO GOV. BAR R. I, SEC. 19

Please type or print.

**1.** Name: Please provide your full legal name for the official records of the Supreme Court of Ohio Office of Bar Admissions.

(Last Name, First Name, Middle Name)

2. Mailing address: You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of the Supreme Court of Ohio Office of Bar Admissions. You will receive all printed communications at the address you designate as your official address. If your designated address is not the physical location or street address of your principal place of employment, then a physical address must also be given.

Official Mailing Address	Physical Address

Business telephone number \_\_\_\_\_\_
Business fax number \_\_\_\_\_\_

Business email address

3. Ap	plication(s	) for	Admission	to Practice	Law in Ohio:
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Please indicate	e which application you have su	bmitted for Admission to Practice Law in Ohio:
Exam:	UBE transfer score:	Motion:
Date Applicati	ion(s) for Admission to Practice	Law in Ohio submitted to Office of Bar Admissions:
-	began practicing Ohio law; if no	ot applicable please mark N/A:
Have you prev	viously been denied Admission	to Practice Law in Ohio?
Have you prev	viously taken the Ohio Bar Exar	nination? No Yes
If yes, date(s):		
	r failed the Ohio Bar Examinatio	

**4. 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? Check one.

Yes	Please indicate jurisdiction(s):
🗌 No	

**5.** Bar Admissions: I certify that I am admitted in the following jurisdiction(s) and am in good standing in said jurisdiction(s).

Jurisdiction	<b>Registration Number</b>

Please indicate jurisdiction(s) and registration number(s):

(a) Choose 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:

(b) Choose One:

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

] I have resigned from the practice of law with discipline pending in the following jurisdictions:

**6. Identity of Ohio Attorney:** Please provide the name, address, telephone number and email address of the Ohio attorney with whom you will associate with while your application for admission is pending. An Affidavit of Ohio Attorney must accompany this application.

Name and Attorney Registration Number of Ohio Attorney:

Address of Ohio Attorney:

Telephone number of Ohio Attorney:

Email address: