

In the Supreme Court of Ohio  
Before the Commission on Continuing Legal Education

**Application for Substitute Program**

*Please print or type*

1. List your name, address, telephone number, facsimile number, e-mail address, and attorney registration number:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (ZIP)

\_\_\_\_\_  
(Telephone) (Facsimile)

\_\_\_\_\_  
(E-mail address)

\_\_\_\_\_  
(Attorney Registration Number)

2. Provide the time period for which you are requesting a substitute program:

From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

3. *Check one of the following boxes:*

I am an attorney who, because of a permanent physical disability, has difficulty attending programs or activities. Provide a detailed description of how your permanent physical disability makes it difficult for you to attend continuing legal education programs or activities. You may attach additional pages if necessary.

**OR**

I am an attorney who, because of a compelling reason unique to me, has difficulty attending programs or activities. Provide a detailed description of the reason why it difficult for you to attend continuing legal education programs or activities. You may attach additional pages if necessary.

4. If you are requesting a substitute program based on a permanent physical disability, attach supporting documentation from appropriate medical authority or

authorities confirming your disability and explaining how the disability makes it difficult for you to attend continuing legal education programs or activities.

5. List the medical authority or authorities that are providing documentation in support of this substitute program application.

<u>Physician Name</u>	<u>Specialty</u>	<u>Phone Number (include area code)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Certification

I understand that to be deemed complete my Application for Substitute Program (“Application”) must be submitted with supporting documentation as required in questions 3 and 4, above.

I understand that if my Application is granted I am required to submit a record of the activities and programs I have completed to meet my education requirement on a form provided by the Commission.

I certify that the information provided in this Application and the supporting documentation is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

<b>FOR CCLE OFFICE USE ONLY</b>
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Approved       Denied      Date \_\_\_\_\_

By \_\_\_\_\_  
\_\_\_\_\_

Reason Denied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_