

**ATTORNEY AFFIRMATION**  
**CLE CREDIT FOR TRADITIONAL COURSE**

I, \_\_\_\_\_, acknowledge attending the:  
(Attorney name)

\_\_\_\_\_  
(Course Title & Date)

By signing below, I certify that I attended the activity described above and entitled to claim \_\_\_\_\_ CLE credit hours, including \_\_\_\_\_ ethics (specialty) hours.

\_\_\_\_\_  
**Email of attorney**

*(Please include your bar registration number)*

Jurisdiction: \_\_\_\_\_ Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Attorney**

- To obtain CLE credit, please complete and sign this form and then submit it to the CLE provider. Once your participation is verified by the provider, a CLE Certificate of Attendance will be issued to you by the provider.
- Attorneys should PDF a copy of the Affidavit of Attendance to Robin Hallagan at [robin.hallagan@squirepb.com](mailto:robin.hallagan@squirepb.com).

**Acknowledged by:**

*Robin Hallagan*

Legal Training Manager

Squire Patton Boggs

216 479-8115

[robin.hallagan@squirepb.com](mailto:robin.hallagan@squirepb.com)

**REQUEST FOR CREDIT FOR TEACHING AT A N APPROVED CLE ACTIVITY  
(CCLE Form 2)**

Please mail completed form to:  
The Supreme Court of Ohio  
Commission on CLE  
65 South Front Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43215-3431

|   |
|---|
| <u>Date Received by Office of Attorney Services</u> |
|---|

**Attorney Information**

|                              |
|------------------------------|
| 1. Ohio Registration Number: |
| 2. Name of Attorney:         |
| 3. Address:                  |
| 4. Telephone Number:         |
| 5. Email Address:            |

**Activity Information**

|   |
|---|
| 6. Ohio Activity Code Number:   |
| 7. CLE Activity Sponsor:  |
| 8. Title of CLE Activity:   |
| 9. Date and Location of CLE Activity:   |
| 10. Total Number of Hours Awarded for CLE Accreditation:  |
| 11. Title of Presentation Segment:  |
| 12. Total Minutes of actual presentation: _____ (include breakdown for each segment taught)<br>General Hours _____ Professional conduct Hours _____ |
| 13. Was your presentation an: Initial Presentation <input type="checkbox"/> or a Repeat Presentation <input type="checkbox"/>                       |
| 14. Was this presentation a panel discussion? <input type="checkbox"/> Yes <input type="checkbox"/> No  |

I hereby affirm that I have taught the above presentation for the number of hours stated above.

Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

**CCLE OFFICE USE ONLY**

|   |
|---|
| Ohio Registration Number: _____ Activity Code Number: _____                   |
| Teaching Credit Awarded: General Hours _____ Professional Conduct Hours _____ |

## Instructions/Attorney Obligations

Requests for teaching credit (CCLE Form 2) must be submitted to the Commission within 30 days after the presentation of the approved CLE activity.

Request for credit for attendance at the remainder of the CLE activity must be made on Form 1(a) for out of state activities or by electronic submission by the sponsor for Ohio activities.

Presentations accompanied by thorough, high quality, readable and carefully prepared written materials qualify for CLE credit hours on the basis of three credit hours for each hour taught for the first presentations only.

Repeat Presentations receive one credit hour for each hour taught.

Panel Presentations receive double credit for each hour taught.

Attendance at the remaining presentations will earn one credit hour for each hour attended.

An attorney or judge may receive a maximum of one-half the required hours of CLE Credit for teaching during a biennial reporting period.

CLE credit is not given for:

- Breaks
- Business meetings
- Opening or closing remarks

