

**APPLICATION FOR ACCREDITATION OF CLE ACTIVITY
PRO BONO CREDIT**

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

Name and Address of Organization:

Name of Contact Person:

Telephone Number:

Email Address:

Website Address:

Approved Activity Code: _____

NOTICE OF DECISION

APPROVED for _____ CLE credits

DISAPPROVED _____

Reason for Disapproval: _____

Date: _____ CLE Staff: _____

1. TITLE OF PRO BONO PROGRAM:

2. LIST DATES AND LOCATION OF PRO BONO PROGRAM:

3. ARE YOU (PLEASE CHECK ALL THAT APPLY):

- An organization receiving funding for pro bono programs or services from the Legal Services Corporation or the Ohio Legal Assistance Foundation? Yes No
- A metropolitan or county bar association? Yes No
- The Ohio State Bar Association? Yes No
- The Ohio Legal Assistance Foundation? Yes No
- An organization recognized by the Commission on Continuing Legal Education as providing pro bono programs or services in Ohio? Yes No

Name of Person Applying:

Address:

Telephone Number:

Email:

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Signature

Date