

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

**Application for Exemption from Educational Requirements**  
**Full Time Military Duty**

*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 an exemption:

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

Attach documentation confirming your military service for the exemption dates listed above.

### Certification

I understand that to be deemed complete my Application for Exemption from Educational Requirements Based on Full Time Military Duty (“Application for Exemption”) must be submitted with supporting documentation confirming my military service.

I understand that after my exemption ends I will be required to comply with the educational and reporting requirements of Gov. Bar R. X.

I certify that I have not engaged and will not engage in the private practice of law in Ohio during the exemption period indicated in question 2, above.

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

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

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

**FOR CCLE OFFICE USE ONLY**

Approved                       Denied                      Date \_\_\_\_\_

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

Reason Denied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_