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

Application for Exemption from Educational Requirements
Illness or Disability

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)

3. Please explain how your illness or disability has prevented you from participating in CLE programs and activities during the exemption period listed in question 2, above. You may attach additional pages if necessary.

4. Attach supporting documentation from appropriate medical professional(s) confirming your illness or disability and how the illness or disability affects your ability to participate in CLE programs and activities during the exemption period listed in question 2, above. List the medical authorities who are providing documentation in support of your Application for Exemption.

Physician Name	Specialty	Phone Number (include area code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

See next page

Certification

I understand that to be deemed complete my Application for Exemption from Educational Requirements Based on Illness or Disability ("Application for Exemption") must be submitted with supporting documentation as required in question 3, above.

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 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:
_____
_____
_____

Rev. Aug. 2015

Print Form