

**REQUEST FOR ANNOUNCEMENT OF ESTABLISHED SPONSOR SELF-STUDY ACTIVITY  
(CCLE Form 24)**

Please email completed form to:  
[OHCLEapp@sc.ohio.gov](mailto:OHCLEapp@sc.ohio.gov)  
[Instructions for emailing CLE applications](#)

Activity Code: \_\_\_\_\_

**NOTICE OF DECISION**

The following action has been taken on this application:

- APPROVED for \_\_\_\_\_ CLE credit(s), including \_\_\_\_\_ Professional Conduct Hours.
- ACCREDITATION DENIED. Reference \_\_\_\_\_

Date: \_\_\_\_\_ CLE Staff: \_\_\_\_\_

**SPONSOR INFORMATION**

1. Sponsor Number: _____		
2. Name and address of organization providing or sponsoring the activity (not the name of person applying). _____		
3. Website: _____		
4. Name of sponsor contact person: _____	5. Telephone Number: _____	6. Email Address: _____

**ACTIVITY INFORMATION**

7. Title of Activity: _____		
<b>8. Live Technology:</b> Date(s) Live Technology Program Held? _____ Methods of Delivery: (please check all that apply): <input type="checkbox"/> Live Webcast <input type="checkbox"/> Teleconference <input type="checkbox"/> Videoconference <input type="checkbox"/> Other _____		
<b>9. Prerecorded Technology:</b> Production Date of Original Program: _____ Date(s) On-Demand Program Available: _____ Methods of Delivery: (please check all that apply): <input type="checkbox"/> On Demand, please provide website URL: _____ <input type="checkbox"/> Mp3 <input type="checkbox"/> Mp4 <input type="checkbox"/> Audio/Video <input type="checkbox"/> CD/DVD <input type="checkbox"/> Other _____		
10. Has the sponsor developed a method of evaluation for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note that a method of evaluation is required for the Activity to be eligible for CLE accreditation.		
11. Are course materials provided to attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Number of Pages: _____ When are materials distributed? <input type="checkbox"/> Before Program <input type="checkbox"/> At program <input type="checkbox"/> Electronic <input type="checkbox"/> Other, please explain _____		

**REQUIRED DOCUMENTATION**

12. All information requested MUST BE PROVIDED ON THIS FORM. <ul style="list-style-type: none"> <li>Attach a copy of the brochure/program schedule.</li> <li>Provide evidence that the run time of the activity is an amount of time equivalent to the number of CLE hours requested.</li> <li>Announcement of each CLE activity shall be filed no later than thirty days after the first presentation of an activity.</li> </ul>		
---	--	--

**TOTAL HOURS REQUESTED**

13. Please state the total hours of instruction for which you are requesting CLE credit, excluding opening and closing remarks and breaks:  General Hours _____ Professional Conduct Hours _____ Total Hours _____		
--	--	--