

**SUBSTITUTE PROGRAM REPORTING FORM
(CCLE Form 11)**

Please email completed form to:
CCLE@sc.ohio.gov

Date Received by Office of Attorney Services
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Use this form to record and report the hours devoted to CLE under your substitute program to meet your CLE requirements pursuant to Gov. Bar R. X. Please round hours spent to the nearest quarter hour.

Attorney Information

1. Ohio Registration Number:

2. Name of Attorney:

3. Address:

4. Telephone Number:

5. Email Address:

Activity Information

Please list below the activities that you have completed within the reporting period to comply with the CLE requirements.

Activity Date	Activity Title and Name of Sponsor	Activity Type	General Hours	Professional Conduct Hours	Total Hours

I hereby verify that the information above demonstrates, to the best of my knowledge, compliance with Gov. Bar R. X and its Regulations, and that I completed the number of hours indicated for the CLE activities listed.

Attorney Signature _____

Date _____

CCLE OFFICE USE ONLY

Ohio Registration Number: _____ Activity Code Number: _____

Total Hours Awarded: General Hours _____ Professional Conduct Hours _____

Staff: _____ Date: _____