

**CINCINNATI PARALEGAL ASSOCIATION
ANNUAL CLE REPORT FORM
INCLUDING PROGRAMS ATTENDED FROM JANUARY 1, _____ THROUGH DECEMBER 31, _____**

PLEASE TYPE OR PRINT

Applicant Information:

Name _____ (Last, First, Middle Initial)

Address: _____

If you would like your employer notified of your hours, please complete the following information.

Contact's Name: _____
 Contact's Title: _____
 Contact's Address: _____
 (If different from _____
 your address to _____
 the left) _____

| DATE OF PROGRAM | PROGRAM TITLE | SPONSORING GROUP, SCHOOL, ORGANIZATION | LOCATION OF PROGRAM | NUMBER OF CLE'S AWARDED FOR ATTENDING |
|-----------------|---------------|--|---------------------|---------------------------------------|
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Please continue on back if more space is required. If there is any information regarding a specific fact(s) regarding the quality or value of the program, you may also note that.

Forward completed form and a copy of the certificate of completion for each course to: CLE Chair, Cincinnati Paralegal Association, P. O. Box 1515, Cincinnati, Ohio 45201

I attest that the information provided is true and accurate and that the certificates provided are authentic and the original of the form remains in my files. I understand that the awarding of credit is subject to the approval of the Cincinnati Paralegal Association.

_____, Applicant