

Attorney Notary Course Application

PLEASE PRINT LEGIBLY or TYPE

Ohio Attorney Registration # _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____

This email address is where certification of completion of course and testing will be sent.

Phone: _____ Alternate Phone: _____

*I have included a check made payable to the **Clermont County Law Library** in the amount of **\$75.00** for a 2 -part course that will meet the 3-hour education requirement. This course will include an onsite electronic presentation (1.5 hrs.) and an onsite live summary/review (1.5 hrs).*

I am licensed to practice law in Ohio AND am in good standing with the Ohio Supreme Court AND I am a legal resident of Ohio AND/OR my principal place of business or primary practice is located in the State of Ohio.

Signature: _____ Date: _____

Printed Name _____

We will contact you to schedule dates/times for the education course upon receipt of application.

*Please return application and fee to: **Clermont County Law Library, 270 E. Main Street, Rm A201, Batavia, Ohio 45103***

You must complete the course within 60 days of submitting or forfeit the application fee

Office Use Only – Do not mark below this line

PP presentation: Date: _____ Completed: _____
Summary/Review: Date: _____ Completed: _____