

ACCOUNTANCY BOARD OF OHIO

77 South High Street, 18th Floor

Columbus, OH 43215-6128

(614) 466-4135

http://acc.ohio.gov/

OFFICE USE ONLY

File No. _____

Certificate No. _____

Date _____

APPLICATION FOR ORIGINAL OHIO CERTIFICATE OF CERTIFIED PUBLIC ACCOUNTANT

Pursuant to section 4701.06 of the Ohio Revised Code, the certificate of certified public accountant shall be granted to any person who is of good moral character, passes the CPA examination, completes an approved professional standards and responsibilities course, completes a criminal background check, and fulfills the education and experience requirements. By completing this application, I hereby request the granting of the Ohio certificate of certified public accountant on the basis of having completed the Uniform CPA Examination as an Ohio candidate.

NAME: FIRST MIDDLE LAST MAIDEN if applicable

CURRENT HOME ADDRESS CITY STATE ZIP CODE COUNTY

CURRENT EMPLOYER

BUSINESS ADDRESS CITY STATE ZIP CODE COUNTY

HOME TELEPHONE WORK TELEPHONE BIRTH DATE SS NUMBER E-MAIL ADDRESS

EDUCATION: If you first sat for the CPA examination after January 1, 2000, you must submit transcripts showing a total of 150 semester hours of college credit.

COLLEGES ATTENDED LOCATION PERIOD OF ATTENDANCE DATE GRADUATED DEGREE

EXPERIENCE: List in chronological order all employment that you wish the Board to consider as qualifying experience. Submit one Record of Experience form for each employer. Please refer to rule 4701-7-05 of the Ohio administrative code.

INCLUSIVE DATES OF EMPLOYMENT TOTAL MONTHS EMPLOYER'S NAME AND ADDRESS NATURE OF WORK OR POSITION

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ YES ___ NO (IF YES, ATTACH EXPLANATION)

ARE YOU UNDER OBLIGATION BY A COURT OR CHILD SUPPORT AGENCY TO PROVIDE SUPPORT? ___ YES ___ NO

REFERENCE SIGNATURES

(Three reference signatures are required)

This certifies that I have been personally acquainted with the applicant since the year indicated opposite my name; that I believe him/her to be of good moral character and worthy of the certificate of certified public accountant; and that any reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the Accountancy Board of Ohio.

NAME (PRINT) PERSONAL SIGNATURE

KNOWN SINCE (YEAR) ADDRESS

Number & Street City State ZIP Code Phone

NAME (PRINT) _____ PERSONAL SIGNATURE _____

KNOWN SINCE (YEAR) _____ ADDRESS _____
Number & Street City State ZIP Code Phone

NAME (PRINT) _____ PERSONAL SIGNATURE _____

KNOWN SINCE (YEAR) _____ ADDRESS _____
Number & Street City State ZIP Code Phone

AFFIDAVIT

I certify that I am of good moral character and have never been convicted of any felony, fraud, or misdemeanor (except as disclosed herein) by any court; that the statements made herein are true; that I have not suppressed any information that might affect this application; that in the event I am approved as a certified public accountant in Ohio, I will conform to, abide by, and comply with the statutes of the State of Ohio and the rules and regulations of the Accountancy Board of Ohio.

SIGNATURE OF APPLICANT

COUNTY OF _____
STATE OF _____

Before me, a Notary Public in and for the state and county aforesaid, personally appeared _____, to me known to be the person named, who, first being duly sworn, deposes and says that the signature hereto is genuine, and that the statements made and attachments to this application for certificate of certified public accountant to the Accountancy Board of Ohio are true to the best of the applicant's knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this _____ day of _____
the month of _____, in the year _____.

NAME

TITLE