

ACCOUNTANCY BOARD OF OHIO
 77 South High Street, 18th Floor
 Columbus, Ohio 43215-6128
 (614) 466-4135
 acc.ohio.gov

OFFICE USE ONLY
CERTIFICATE NO. _____
DATE _____

**APPLICATION FOR OHIO CERTIFICATE OF CERTIFIED PUBLIC ACCOUNTANT
 BY TRANSFER OF GRADES OR RECIPROCITY**

Only those who have passed the examination for certified public accountant in another state (transfer candidates) or those who hold unrevoked and valid certificates of certified public accountant in full force and effect in another state (reciprocity candidates) are eligible to use this application.

To be processed, this application must be accompanied by:

1. A fee of \$100.00 (check or money order), payable to the Treasurer, State of Ohio.
2. Criminal records check (<http://acc.ohio.gov/crc.htm>).
3. An Interstate Transfer of Grades and Licensure Form from the state, district, or territory, giving your grades on the CPA examination, and if applicable, the number of your CPA certificate, its date of issuance, AND proof that the certificate is in full force and effect.
4. Official transcript of all relevant college credit.
5. Small recent photograph. This must be an original photo, approximately 2" x 2".
6. A CPA Record of Experience Form from each employer verifying all employment you wish considered as qualifying experience.
7. Verification that you have completed the Ohio professional standards and responsibilities course or an approved ethics course from another state.
8. **Transfer applicants only:** a notarized copy of your Ohio driver's license, notarized copy of your lease or mortgage, or a notarized statement from your employer verifying you actually report to work full-time in Ohio.

I hereby request the granting of the Ohio certificate of certified public accountant on the basis checked below:

- Having passed the examination for certified public accountant under the accountancy law of another state, district, or territory of the United States. DATE: _____ STATE: _____
- Being a holder of a certificate of certified public accountant, in full force and effect, issued under the laws of another state, district, or territory of the United States. **PLEASE LIST ALL STATES IN WHICH YOU HOLD A CERTIFICATE.**

CERTIFICATE NO. _____ DATE OF ISSUANCE: _____ STATE, DISTRICT, OR TERRITORY _____

CERTIFICATE NO. _____ DATE OF ISSUANCE: _____ STATE, DISTRICT, OR TERRITORY _____

DATE _____ SIGNATURE _____

NAME FIRST MIDDLE LAST MAIDEN NAME (IF APPLICABLE)

CURRENT HOME ADDRESS STREET CITY STATE ZIP COUNTY

CURRENT EMPLOYER

BUSINESS ADDRESS STREET CITY STATE ZIP COUNTY

() () / / - -
 HOME TELEPHONE NO. WORK TELEPHONE NO. DATE OF BIRTH S.S. NUMBER E-MAIL ADDRESS

EDUCATION: Please submit any relevant transcripts.

COLLEGES ATTENDED	LOCATION	PERIOD OF ATTENDANCE	DATE GRADUATED	DEGREE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR UNPROFESSIONAL CONDUCT? IF YES, ATTACH EXPLANATION. YES NO

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

The certificate of certified public accountant shall be granted to any person who is of good moral character, who attains a passing grade of 75 on the Uniform CPA Examination, completes the Ohio Ethics Examination, and fulfills the education and experience requirements.

EXPERIENCE: List in chronological order all employment, which you wish, considered as qualifying experience. Submit one *CPA Certificate Record of Experience Form* for each employer. Please refer to rule 4701-7-05 of the Administrative Code.

DATES		TOTAL		NAME & ADDRESS OF EMPLOYER(S)	NATURE OF WORK OR POSITION
FROM:	TO:	YR.	MOS.		

REFERENCE SIGNATURES: 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. Three signatures are required.

NAME (PRINT) _____ PERSONAL SIGNATURE _____

KNOWN SINCE _____ ADDRESS _____
Number & Street City State Zip

NAME (PRINT) _____ PERSONAL SIGNATURE _____

KNOWN SINCE _____ ADDRESS _____
Number & Street City State Zip

NAME (PRINT) _____ PERSONAL SIGNATURE _____

KNOWN SINCE _____ ADDRESS _____
Number & Street City State Zip

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 certified as a 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.

COUNTY OF _____ SIGNATURE OF APPLICANT _____

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 his own signature, and that the statement made in his application to the Accountancy Board of Ohio are true to the best of his/her knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this _____ day of _____, 20 _____.

NAME

TITLE