

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
ON THE BASIS OF SUBSTANTIAL EQUIVALENCY

Only those who hold valid certificates of Certified Public Accountant in full force and effect in a state determined to be substantially equivalent to Ohio are eligible to use this application.

To be processed, this application must be accompanied by:

1. An application fee of \$100 (check or money order), payable to the Treasurer, State of Ohio.
2. Criminal records check (**Instructions will be sent upon receipt of this application**).
3. Small recent photograph. This must be an original photo, approximately 2" x 2".
4. 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.
5. Verification that you completed the three-credit Ohio professional standards and responsibilities (PSR) course.
6. A CPA Record of Experience Form (if required) from each employer verifying all employment you wish considered as qualifying experience.

NAME	FIRST	MIDDLE	LAST	MAIDEN, IF APPLICABLE		
CURRENT HOME ADDRESS	STREET		CITY	STATE	ZIP	COUNTY
CURRENT EMPLOYER	BUSINESS ADDRESS		STREET	CITY	STATE	ZIP
HOME PHONE	WORK PHONE		DATE OF BIRTH	S.S.#		
() ()						
EMAIL ADDRESS:						

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

REFERENCE SIGNATURE: I certify 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 _____ 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/her 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