

## ACCOUNTANCY BOARD OF OHIO 77 South High Street, 18<sup>th</sup> Floor Columbus, OH 43215-6128 (614) 466-4135 http://acc.ohio.gov/

OFFICE USE ONLY
Certificate
No
Date

## APPLICATION FOR ORIGINAL OHIO CERTIFICATE OF CERTIFIED PUBLIC ACCOUNTANT (A fee IS NOT required with this application.)

NAME: FIRST	MIDDLE	LAST		(MAIDEN if applicable	
CURRENT HOME ADDRESS	APT/UNIT#	CITY	STATE	ZIP CODE	COUNTY
CURRENT EMPLOYER					
BUSINESS ADDRESS	STE/RM #	CITY	STATE	ZIP CODE	COUNTY
( )	( )				
() HOME TELEPHONE #	WORK TELEPHONE #	BIRTI	H DATE S.	S. # (MANDATOR	Y, ORC 3123.50)
E-MAIL ADDRESS:					
ARE YOU UNDER OBLIGATION			AGENCY TO F		
(II yes, piease provid	<u>MILITARY IN</u>	·		trie crilia suppor	t order.)
1. Have you or your spouse se	erved in the USA Military?	SELF_	_ YES NO	SPOUSE YES	S NO
NAME OF SPOUSE:					
2. Are you or your spouse cur SELF YES NO SPOU	•	ilitary?			
3. Military service from:	to				
4. Honorable Discharge? SE (MUST SEND PROOF OF DIS		SE YES	S NO		
5. Branch of Military: <b>SELF</b>			SPOUSE		

employer.				
DATES OF EMPLOYMENT/INTERSHIP	P EMPLOYER'S	NAME AND ADDRES	S NATURE OF	WORK OR POSITION
EDUCATION:				
COLLEGE(S) ATTENDED LOG	CATION DA	TES OF ATTENDANC	CE DATE GRAD	UATED DEGREE
•				
<i>-</i>	· · · · · · · · · · · · · · · · · · ·	RENCE SIGNATURES	=	
		eference signatures		
My signature below certifies that				
to be of good moral character and				
reservations I may have about the	e applicant i agree	e to send by certifie	d mail in a confidei	ntial letter to the
Accountancy Board of Ohio.				
NAME (PRINT)		_ PERSONAL SIGN	ATURE	
KNOWN SINCE		RFI ATIONSHIP		
ADDRESSNUMBER & STREET	APT/UNIT #	CITY	STATE	ZIP
NAME (DDINT)		DEDCOMAL CICAL	ATUDE	
NAME (PRINT)		_ PERSONAL SIGN	ATORE	
KNOWN SINCE		RELATIONSHIP _		
ADDRESS				
NUMBER & STREET	APT/UNIT#	CITY	STATE	ZIP
NAME (PRINT)		_ PERSONAL SIGN	ATURE	
KNOWN SINCE		RELATIONSHIP _		
ADDRESS				
NUMBER & STREET	APT/UNIT #	CITY	STATE	ZIP

**EXPERIENCE**: List in chronological order all employment that you wish the Board to consider as qualifying experience. Submit a Record of Experience form and an Experience Verification form (if applicable) for <u>each</u>

## <u>AFFIDAVIT</u>

misdemeanor (except as disclosed herein) by any connot suppressed any information that might affect the	I have never been convicted of any felony, fraud, or urt; that the statements made herein are true; that I have his application; that in the event I am certified as a public comply with the statutes of the State of Ohio and the rules
SIGNATURE OF APPLICANT	DATE
MUST BE NOTARIZ	ED BEFORE SUBMISSION
COUNTY OF	
STATE OF	-
	o me known to be the person named, who, first being eto is his own signature, and that the statement made in
IN WITNESS WHEREOF, I have here unto set my hand	d and affixed my seal, this
day of, 20	
	NAME
	TITLE

## In order for the application for Certification to be processed, it MUST be accompanied by:

Verification that you have completed a Criminal records check: <a href="http://acc.ohio.gov/Licensing/CriminalRecords.aspx">http://acc.ohio.gov/Licensing/CriminalRecords.aspx</a>
A CPA Record of Experience Form from each employer, containing ALL original signatures, verifying all employment wished to be considered as qualifying experience.  **If the authorized supervisor is not a licensed CPA, the Experience Verification Form must also be completed and signed by a licensed CPA.**
Verification that an approved Ohio Professional Standards and Responsibilities course that emphasizes the Accountancy law and Board rules has been completed.  Approved sponsor list: <a href="http://acc.ohio.gov/CPE/PSR.aspx">http://acc.ohio.gov/CPE/PSR.aspx</a>
Verification that you are incompliance with the Child Support court order. (If applicable)
Documentation verifying the dates of service in the US Military for you and/or your spouse. (If applicable)
Documentation verifying your and/or spouse's Honorable discharge from the US Military. (If applicable)