

ACCOUNTANCY BOARD OF OHIO
77 South High Street, 18th Floor
Columbus, OH 43215-6128
(614) 466-4135 <http://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 a valid license to practice public accounting as a Certified Public Accountant in a state/country determined to be substantially equivalent to Ohio are eligible to use this application. **Requirements of CPA certification by substantial equivalency:**

1. An **application** fee of \$100 (check or money order), payable to the Treasurer, State of Ohio. (Note: This is an **application** fee. It is NOT a **license** fee. The license fee will be required *after* certification.)
2. Complete a criminal background check (<http://acc.ohio.gov/Licensing/CriminalRecords.aspx>).
3. An Interstate Transfer of Grades and Licensure Form from the state, district, or territory, stating the number of your CPA certificate/license, its date of issuance, AND proof that you hold a valid license to practice public accounting (<http://acc.ohio.gov/Portals/0/PDF/aieeli.pdf>).
4. Verification that you completed, with the last (12) months, an **Ohio** professional standards and responsibilities (PSR) course that emphasizes accountancy law and Board rules from a Board approved sponsor (<http://acc.ohio.gov/CPE/PSR.aspx>).

FIRST NAME	MIDDLE	LAST	MAIDEN, IF APPLICABLE		
(Circle one)					
Mr/Ms					
CURRENT HOME ADDRESS	APT/UNIT #	CITY	STATE	ZIP	COUNTY
EMPLOYER NAME	ADDRESS	STE/RM #	CITY	STATE	ZIP COUNTY
HOME TELEPHONE	WORK TELEPHONE	DATE OF BIRTH	S.S.# (Mandatory per ORC 3123.50)		
()	()				
EMAIL ADDRESS:	CURRENT CERTIFICATE NO.	DATE OF ISSUANCE:	STATE		

CHILD SUPPORT

ARE YOU UNDER OBLIGATION BY A COURT OR CHILD SUPPORT ENFORCEMENT AGENCY TO PROVIDE SUPPORT? YES NO
(If yes, please provide verification that you are in compliance under the child support order.)

MILITARY INFORMATION

1. Have you or your spouse served in the USA Military? **SELF** ___ YES ___ NO **SPOUSE** ___ YES ___ NO ___ N/A
Name of spouse (if applicable) _____
2. Are you or your spouse currently still active in the Military? **SELF** ___ YES ___ NO **SPOUSE** ___ YES ___ NO ___ N/A
3. Served from: _____ to _____ Honorable Discharge? **SELF** ___ YES ___ NO **SPOUSE** ___ YES ___ NO ___ N/A
4. Branch of Military: **SELF** _____ **SPOUSE** _____

