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 determined to be substantially equivalent to Ohio are eligible to use this application.

To be processed, this application must be completed in entirety and be accompanied by:

- 1. An <u>application</u> fee of \$100 (check or money order), payable to the Treasurer, State of Ohio. (Note: This is an <u>application</u> fee. It is NOT a **license** fee. The license fee will be required *after* certification.)
- 2. Verification that you completed the criminal records check (http://acc.ohio.gov/Licensing/CriminalRecords.aspx).
- 3. An Interstate Transfer of Grades and Licensure Form from the state, district, or territory, stating your grades on the CPA examination, and if applicable, the number of your CPA certificate, 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 an Ohio professional standards and responsibilities (PSR) course that emphasizes accountancy law and Board rules from an approved sponsor (http://acc.ohio.gov/CPE/PSR.aspx) or an approved ethics course in another state.

NAME FIRST		MIDDLE			LAST	MAIDEN, IF APPLICABLE			
CURRENT HOME	ADDRESS		APT/UNIT #	CITY	ST	ATE	ZIP	COUNTY	
CURRENT EMPLO	YER	ADDRESS	STE/RM #	STREET	CITY	STATE	ZIP	COUNTY	
HOME TELEPHON	NE	WORK	TELEPHONE	1	DATE OF BIRTH			S.S.# (Mandatory Per ORC 3123.50)	
) () MAIL ADDRESS: CURRENT CERTIFICATE NO.				NO.	DATE OF ISSUANCE: STATE				
elieve him/her to be bout the applicant I	e of good mo I agree to sen	ral character and d by certified mai	n personally acquainte worthy of the certifica I in a confidential lette	te of certified pul er to the Account	olic accountant; a ancy Board of Oh	and that an nio.	y reserva	ations I may have	
			PERSON	IAL SIGNATURE					
NOWN SINCE		ADDRESS	NUMBER & STRE	ET APT/	JNIT # CITY		STAT	E ZIP	
ourt; that the staten	nents made he accountant ir Board of Ohi	erein are true; tha n Ohio, I will conf o.	e never been convicte t I have not suppresse form to, abide by, and	d any informatior	n that might affect	this applic	cation; th	nat in the event I am	
TATE OF				SIGNATURE OF APPLICANT					
efore me, a Notary	Public in and	I for the state and	County aforesaid, per	sonally appeared	[
			eing duly sworn, depo						
atement made in h	is application	to the Accountar	ncy Board of Ohio are	true to the best of	of his/her knowled	lge and be	lief.		
n Witness Wheri	EOF, I have h	ereunto set my ha	and and affixed my sea	al, this da	y of			, 20	
					NAME			_	
Revised 11/2012	Revised 11/2012								