

**ACCOUNTANCY BOARD OF OHIO**

77 South High Street, 18th Floor  
Columbus, Ohio 43215-6128  
<http://www.acc.ohio.gov/>

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION**

The Accountancy Board of Ohio must receive verification of your examination credits and/or certificate and license status. Please complete the initial portion of this form. **Then forward to the appropriate Board of Accountancy.** That Board, in turn, will complete the remainder of this form (Sections A-C) and return it to this agency. (You are advised to check with that Board to determine if there are **additional requirements and/or fees** charged before such information will be released.)

**TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden Name

\_\_\_\_\_  
Current Mailing Address                      Certificate Number (If applicable)

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Telephone: (Daytime Phone)                      Date of Birth                      Social Security # (Mandatory Per ORC 3123.50)

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the Board of Accountancy in the State of Ohio to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

\_\_\_\_\_  
Applicant Signature    Date Signed

**SECTIONS A THROUGH C ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY**

**SECTION A: VERIFICATION OF EXAMINATION CREDITS**

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service. (Please use Section C of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted). **(If separate sheet is attached, please affix official signature and Board Seal).**

*(Please list all grades, including failing grades, recorded for applicant. Use additional sheets if necessary.)*

Date of Examination	Auditing	BEC/LPR(Law)	FAR (Theory)	REG/ARE (Practice)

1. Was the applicant ever denied admission to the Exam?  YES  NO (If yes, use Section C to explain.)
2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  YES  NO
3. If the candidate has not passed all parts of the CPA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.

**SECTION B: CERTIFICATE/LICENSURE (Permit) STATUS**

**Certificate as a Certified Public Accountant:**

1. The applicant was granted an original/reciprocal (*circle one*); CPA Certificate number \_\_\_\_\_ issued \_\_\_\_/\_\_\_\_/\_\_\_\_ which is in good standing unless otherwise noted in Section C of this form.
2. The individual has completed an Ethics Examination.  YES  NO  N/A  
If YES, the exam was prepared and graded by: \_\_\_\_\_ Board \_\_\_\_\_ AICPA \_\_\_\_\_ Other

**License/Permit to Practice Public Accounting:**

(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

3.  YES  NO This state is a two-tier state. (Not all holders of the CPA certificate must be licensed.)
4.  YES  NO The license/permit from this Board is in good standing and expires on \_\_\_\_\_
5.  YES  NO The applicant is currently licensed to engage in the practice of public accounting.
6.  YES  NO Has there ever been any disciplinary action instituted against the applicant? If yes, please explain in Section C.
7. If the applicant does not hold a license/permit, please indicate below the requirements the applicant needs.

- \_\_\_\_ License/Permit not required (cite statutory authority at right): \_\_\_\_\_
- \_\_\_\_ Pay appropriate fees and/or post bond (list amount of fees/bond at right): \_\_\_\_\_
- \_\_\_\_ Complete acceptable accounting/auditing experience (list amount at right): \_\_\_\_\_
- \_\_\_\_ Complete continuing professional education requirements (list amount of CPE at right): \_\_\_\_\_
- \_\_\_\_ Other: (*please specify*) \_\_\_\_\_

**SECTION C: ADDITIONAL INFORMATION, EXCEPTIONS NOTED, EXPLANATIONS, etc.**

*(Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry)*

**AFFIDAVIT**

The information provided herein is correct to the best of my knowledge.

**OFFICIAL BOARD SEAL**

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date