



Accountancy Board of Ohio
77 S. High Street, 18th Floor
Columbus, Ohio 43215-6128
<http://acc.ohio.gov/CPE.aspx>
(614) 466-4135

CONTINUING PROFESSIONAL EDUCATION REPORT

CPA NUMBER: _____

Please check here if your contact information has changed.

NAME:	_____	()
	Last First Middle	Phone No.
HOME ADDRESS:	_____	
	Number and Street City	State Zip
EMAIL:	_____	

EMPLOYER'S NAME:	_____	()
		Phone No.
ADDRESS:	_____	
	Number and Street City	State Zip
WEBSITE ADDRESS:	_____	
E-MAIL ADDRESS:	_____	

The Board requires 120 hours of CPE documentation in order to transition a license from a Registration to a Permit. New licensees are required to earn 40 CPE in their initial 2-year reporting period.

Documentation of **ALL** required CPE hours **MUST** be submitted with this form.

CPE Attached CPE Uploaded to CPE Tracking

CPE E-mailed to: _____

- **Acceptable CPE documentation:** certificates of completion, sponsor transcripts, or other documentation verifying the date, time, place and content of the program, along with proof of successful completion.

INSTRUCTIONS:

1. Include only documentation which verifies the successful completion of CPE programs.
2. If you perform Taxation services, 24 credits are required. _____ credits reporting.
 If you perform Accounting and Auditing services, 24 credits are required. _____ credits reporting.
Mandatory: 3 hours of Ethics/PSR: _____ credits reporting.
3. Sign and date the affidavit at the bottom of this form. The Ohio permit CANNOT be issued without a dated signature on this form.

MANDATORY QUESTIONNAIRE

1. Check one of the following:

- I do not perform any public accounting work or regulated services in the State of Ohio.
- I work for a public accounting firm. *(A company which advertises as a CPA firm, or performs attest services.)*
- I perform regulated services. *(Consulting, taxes, preparing financial reports and signing as a CPA but not advertising (business cards, signage, website, etc.) as a CPA.)*
- I perform public accounting work as a sole proprietor. *(Advertising as a CPA or other business organization.)*

If you do not perform any public accounting work or regulated services, skip the remainder of this questionnaire and sign the affidavit.

2. Check the types of services that you perform for clients: (Check all that apply)

- | | |
|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> SSARS Compilations | <input type="checkbox"/> SSARS Reviews |
| <input type="checkbox"/> Independent Audits | <input type="checkbox"/> Tax Returns |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Other (Specify) _____ |

3. Do you sign as a "CPA," or advertise as a "CPA" in the name of the company? (Check all that apply)

- | | |
|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Sign as a "CPA" | <input type="checkbox"/> Advertise as a "CPA" |
|------------------------------------------|-----------------------------------------------|

AFFIDAVIT

(This form will not be processed without a signature)

I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representations made in this report. I further certify that I have read the continuing education rules, and that I have complied with all relevant requirements.

SIGNATURE:	DATE:
_____	_____