



ACCOUNTANCY BOARD OF OHIO
 77 SOUTH HIGH STREET, 18TH FLOOR
 COLUMBUS, OHIO 43215-6128

CONTINUING PROFESSIONAL EDUCATION REPORT

Reporting Period Dates		Identification Numbers (only one box should be completed)	
STARTING DATE	ENDING DATE	CPA IDENTIFICATION NUMBER	PA IDENTIFICATION NUMBER
		CPA. _____	PA. _____

INSTRUCTIONS

1. This form must be used to report your continuing professional education, which is a prerequisite to the renewal of your permit. **Documentation** of **all** required CPE credit **must** be attached to this form.
2. Use page 3 for education programs of all types. Page 3 may be copied if additional space is needed. ALL continuing education credit should be listed on page 3. Credit for service as a speaker, discussion leader, or instructor should be listed on page 3 and marked with an "S" in the column headed "SPECIAL CREDIT." Credit for publications should also be listed on page 3 and marked with a "P" in the column headed "SPECIAL CREDIT."
3. Your Identification Number consists of: (CPA. and a five digit number) or: (PA. and a five digit number).
4. **INCOMPLETE FORMS ARE NOT CONSIDERED TO BE PROPERLY FILED.**

COMPLETE ALL SECTIONS OF THIS FORM

NAME	LAST	FIRST	MIDDLE	PHONE NO.	()
ADDRESS		NUMBER AND STREET		CITY	STATE ZIP
BUSINESS NAME				PHONE NO.	()
ADDRESS		NUMBER AND STREET		CITY	STATE ZIP

Please Print or Type

**NOTE: HAVE YOU REPORTED ANY NAME OR ADDRESS CHANGES TO THE BOARD?
 THIS IS YOUR RESPONSIBILITY.**

Rule 4701-15-06 Reduction in continuing education requirement

(A) The board may grant a reduction of the continuing education requirement to an Ohio permit holder who presents appropriate documentation for health reasons, active military duty in the armed forces of the United States, nonresidence, or other just cause.

NOTE: Persons requesting a reduction in continuing education must attach appropriate supporting documentation. Not all requests for continuing education reductions are granted.

CONTINUING PROFESSIONAL EDUCATION CREDIT COMPUTATION

This page **MUST** be completed.

ACCOUNTING AND AUDITING CONTINUING EDUCATION CREDIT
Place the total of your accounting and auditing credit in the box below.

(NOTE: If you assume responsibility by performing work on any financial reporting engagement, prepare any financial report, or sign any financial report prepared in accordance with professional standards, then you must have at least 24 credits in the fields of accounting and auditing.)

TAXATION CONTINUING EDUCATION CREDIT
Place the total of your taxation credit in the box below.

(NOTE: If you assume responsibility by performing work on any tax engagement, prepare any tax return, or sign any tax return as a CPA or PA, then you must have at least 24 credits in the field of taxation.)

PROFESSIONAL STANDARDS & RESPONSIBILITIES CONTINUING EDUCATION CREDIT
(NOTE: All Ohio permit holders must report a total of three credits taken in the field of professional standards and responsibilities. The Board must approve all such programs.)

PROFESSIONAL CONTINUING EDUCATION COMPLETED
List the remaining total of professional CPE not listed in the first three boxes in the box below.
(NOTE: That the total of the first four boxes must equal at least 75% of your total continuing education requirement.)

OTHER CONTINUING EDUCATION CREDIT
(If applicable, place the total of all other continuing education credit earned that is not categorized above in the box below.)

TOTAL CONTINUING EDUCATION CREDIT
Place the total of the five boxes above in the box below.

IMPORTANT REMINDERS

1. This report **MUST** be completed, signed and dated at the bottom of this page. **The Ohio permit cannot be issued without this report.**
2. Be sure to submit ALL supporting documentation for your continuing education programs for CPE Audit purposes.
3. Even if you practice public accounting **part-time**, you still need to register with the Board as a public accounting firm and complete the mandatory questionnaire **in full**.

MANDATORY QUESTIONNAIRE

(This portion MUST be filled out in order for your permit to be processed.)

1. Percentage of time that you spend performing public accounting functions _____%
Check one of the following:

_____ I do not perform any public accounting work or regulated services in the state of Ohio (See rule 4701-7-04). **If you do not perform any public accounting work or regulated services, skip the remainder of this questionnaire and sign the affidavit at the bottom of the page.**

_____ I am performing public accounting services or regulated services for my employer only (See rule 4701-7-04). (This includes tax and "write-up" work done as a CPA or PA.)

_____ I am performing public accounting work as a sole proprietor (or other business organization) _____ full time or _____ part time (check one).

2. List the type of public accounting work or regulated services that you perform: (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. Accountancy Board Firm Registration ID number (if applicable): _____

4. Information concerning your public accounting firm (if applicable): (Fill in all information requested in the boxes below.)

PUBLIC ACCOUNTING FIRM NAME		TELEPHONE NUMBER ()	
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE

AFFIDAVIT

(CPE Reports 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	SS NUMBER (optional)	DATE
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