ACCOUNTANCY BOARD OF OHIO
77 South High Street, 18th Floor
Columbus, Ohio 43215-6108
Telephone: 614.466.4135
http://acc.ohio.gov/

OFFICE USE ONLY

CPE._____

Type:_____

OHIO PROFESSIONAL STANDARDS AND RESPONSIBILITIES CPE SPONSOR AGREEMENT/RENEWAL FORM

This form is an agreement between your organization (Sponsor) and the Accountancy Board of Ohio (Board) whereby you agree to provide high-quality continuing professional education (CPE) programs in the field of professional standards and responsibilities (PSR) to Ohio CPAs and PAs. **All PSR program materials, and instructor biographies are required to be submitted for approval by the Board.** If your CPE PSR Sponsor registration is approved, you will be authorized by the Board to communicate such registration in your promotional material.

Ohio has adopted the NASBA/AICPA Statement on Standards for Continuing Professional Education (CPE Standards).

CPE VERIFICATION INFORMATION AND AGREEMENT

As an approved CPE PSR Sponsor, you will be expected to keep records of your approved programs. At a minimum, you should keep the following records:

(a) A detailed description of each CPE program.
(b) The classification of each CPE program.
(c) The name(s) and qualifications of the instructor(s) or program designers.
(d) The location(s), date(s) and length of each program.
(e) An attendance/successful candidate list for EACH program and, if applicable, for EACH location and EACH presentation date.

TYPES OF PROFESSIONAL STANDARDS AND RESPONSIBILITIES PROGRAMS

General PSR – Cover professional ethics, ethical philosophy, or the accountancy laws and rules promulgated by another state accountancy board.
Ohio-based PSR - Emphasizes Chapter 4701 of the Ohio Revised Code (ORC) and ACC 4701 of the Ohio Administrative Code (OAC). For approval of Ohio-based PSR, a Sponsor should cover the recommended sections of the ORC and OAC listed on our PSR webpage.

Please indicate which type of PSR you are submitting for approval: _____ Ohio-based _____ General

Sponsor renewal is on an annual basis and must be completed no later than May 31st of each calendar year.

By signing this agreement, you agree to comply with the Board's standards.

_____ _____ _____
SPONSOR NAME COORDINATOR NAME PHONE/FAX

_____
ADDRESS SUITE/UNIT # CITY STATE ZIP

_____ _____
EMAIL ADDRESS INTERNET HOME PAGE