

ACCOUNTANCY BOARD OF OHIO  
77 South High Street, 18<sup>th</sup> Floor  
Columbus, OH 43215-6128  
(614) 466-4135  
<http://acc.ohio.gov/>

**OFFICE USE ONLY**

Certificate

No. \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR ORIGINAL OHIO CERTIFICATE OF CERTIFIED PUBLIC ACCOUNTANT  
(For Ohio CPA exam candidates only. There is no fee required with this application.)**

NAME: FIRST MIDDLE LAST (MAIDEN if applicable)

CURRENT HOME ADDRESS APT/UNIT# CITY STATE ZIP CODE COUNTY

CURRENT EMPLOYER

BUSINESS ADDRESS STE/RM # CITY STATE ZIP CODE COUNTY

( ) ( )

HOME TELEPHONE # WORK TELEPHONE # BIRTH DATE S.S. # (PER ORC 3123.50)

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU UNDER OBLIGATION BY A COURT OR CHILD SUPPORT AGENCY TO PROVIDE SUPPORT?  YES  NO  
(If yes, please provide verification that you are in compliance under the child support order.)

**MILITARY INFORMATION**

1. Have you or your spouse served in the USA Military? **SELF**  YES  NO **SPOUSE**  YES  NO

NAME OF SPOUSE \_\_\_\_\_

2. Are you or your spouse currently still active with the Military?  
**SELF**  YES  NO **SPOUSE**  YES  NO

3. Military service from \_\_\_\_\_ to \_\_\_\_\_

4. Honorable Discharge? **SELF**  YES  NO **SPOUSE**  YES  NO  
**(MUST SEND PROOF OF DISCHARGE)**

5. Branch of Military. **SELF** \_\_\_\_\_ **SPOUSE** \_\_\_\_\_

**EXPERIENCE:** List in chronological order all employment that you wish the Board to consider as qualifying experience. Submit one Record of Experience form for each employer. Please refer to rule 4701-7-05 of the Ohio administrative code.

<u>INCLUSIVE DATES OF EMPLOYMENT</u>	<u>EMPLOYER'S NAME AND ADDRESS</u>	<u>NATURE OF WORK OR POSITION</u>

**EDUCATION:**

<u>COLLEGE(S) ATTENDED</u>	<u>LOCATION</u>	<u>PERIOD OF ATTENDANCE</u>	<u>DATE GRADUATED</u>	<u>DEGREE</u>

**REFERENCE SIGNATURES**  
(Three reference signatures required)

This certifies that I have been personally acquainted with the applicant since the year indicated opposite my name; that I believe him/her to be of good moral character and worthy of the certificate of Certified Public Accountant; and that any reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the Accountancy Board of Ohio.

NAME (PRINT) \_\_\_\_\_ PERSONAL SIGNATURE \_\_\_\_\_

KNOWN SINCE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER & STREET      APT/UNIT #      CITY      STATE      ZIP

NAME (PRINT) \_\_\_\_\_ PERSONAL SIGNATURE \_\_\_\_\_

KNOWN SINCE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER & STREET      APT/UNIT #      CITY      STATE      ZIP

NAME (PRINT) \_\_\_\_\_ PERSONAL SIGNATURE \_\_\_\_\_

KNOWN SINCE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER & STREET      APT/UNIT #      CITY      STATE      ZIP

**AFFIDAVIT**

I certify that I am of good moral character and have never been convicted of any felony, fraud, or misdemeanor (except as disclosed herein) by any court; that the statements made herein are true; that I have not suppressed any information that might affect this application; that in the event I am certified as a public accountant in Ohio, I will conform to, abide by, and comply with the statutes of the State of Ohio and the rules and regulations of the Accountancy Board of Ohio.

\_\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

Before me, a Notary Public in and for the state and County aforesaid, personally appeared \_\_\_\_\_, to me known to be the person named, who, first being duly sworn, deposes and says that the signature hereto is his own signature, and that the statement made in his application to the Accountancy Board of Ohio are true to the best of his/her knowledge and belief.

**IN WITNESS WHEREOF**, I have here unto set my hand and affixed my seal, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

**In order for the application for Certification to be processed, it MUST be accompanied by:**

- Verification that you have completed a Criminal records check:  
<http://acc.ohio.gov/Licensing/CriminalRecords.aspx>
  
- A CPA Record of Experience Form from each employer, **containing ALL original signatures**, verifying all employment you wish considered as qualifying experience.

*\*\*If your authorized supervisor is not a licensed CPA, the Experience Verification Form must also be completed and signed by a licensed CPA.\*\**

- Verification that you have completed an approved Ohio Professional Standards and Responsibilities course that emphasizes the Accountancy law and Board rules.  
**Approved sponsor list:** <http://acc.ohio.gov/CPE/PSR.aspx>
  
- Verification that you are in compliance with the Child Support court order. **(If applicable)**
  
- Documentation verifying the dates of service in the US Military for you or your spouse. **(If applicable)**
  
- Documentation verifying you or spouse's Honorable discharge from the US Military. **(If applicable)**