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

OFFICE USE ONLY

CPE. _____
Number_____

OHIO PROFESSIONAL STANDARDS AND RESPONSIBILITIES CPE SPONSOR AGREEMENT 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 education programs to Ohio CPAs and PAs. If your sponsor registration is approved, then 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); http://nasba-cpeprograms2012.advancedpublishing.com/

CPE VERIFICATION INFORMATION AND AGREEMENT

As an approved CPE sponsor you will be expected to keep records of your CPE 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 CPE program designers.
(d) The location(s), date(s) and length of each CPE program.
(e) An attendance list/successful candidate list for EACH program and, if applicable, for EACH location and EACH presentation date.

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To stay in compliance with rule 4701-15-10 of the Administrative Code, the following must be included with this application:

(a) A copy of the course material.
(b) The name(s) and qualifications of the instructor(s) or CPE program designers.

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RENEWAL OF OHIO CPE SPONSORSHIP

Sponsor renewal is on an **annual** basis and must be completed no later than May 31st of each calendar year. To insure continued compliance with the Administrative Code 4701 the renewal form must include a copy of the course material and the name(s) and qualifications of the instructor(s) of CPE program designers.

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By signing this agreement you agree to comply with the CPE Standards.

SPONSOR NAME _____ COORDINATOR NAME _____ PHONE/FAX _____

ADDRESS _____ APT/UNIT# _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ INTERNET HOME PAGE _____

SIGNATURE (REQUIRED) _____ (DATE) _____ CPE SPONSOR # (if applicable) _____