ACCOUNTANCY BOARD OF OHIO
77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OHIO 43215-6128
PHONE: 614.466.4135 FAX: 614.466.2628
WWW.ACC.OHIO.GOV

John R. Kasich, Governor
John E. Patterson, Executive Director

2015 FIRM REGISTRATION RENEWAL APPLICATION-FIRMS PERFORMING ATTEST SERVICES

All public accounting firms in Ohio that perform or offer to perform attest services, such as compilations, reviews, audits, and attestation engagements, must register with the Board. Please read the applicable law (Ohio Revised Code sections 4701.01 and 4701.04) and rules (Ohio Administrative Code rules 4701-13-01 through 4701-13-11 and 4701-7-04). The accountancy law and Board rules are available on our Web site.

The renewal deadline is October 31, 2015.

The Board will not abate late fees. **NOTE**: Firms not completing a peer review by October 31, 2015 may be subject to disciplinary action against both the firm and the owner(s) of the firm.

Renewal checklist: (Put N/A "Not applicable" in front of any item that does not apply to your firm.)

____ **Renewal fee: $30.00.** Make check payable to: Treasurer, State of Ohio.

____ Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office.

____ List of names, addresses, and CPA/PA numbers of all owners of the firm. Place an asterisk* behind the last name of any non-CPA/PA owner with the percentage of ownership. (This can be on firm's letterhead.)

____ List of names, addresses, and CPA/PA numbers of all employees at the firm. If the employee is not licensed, place an asterisk (*) by name. (This can be on firm's letterhead.)

____ Signed statement, if the firm is a limited liability entity, that the firm possesses adequate professional liability insurance per rule 4701-13-01. (This can be on the firm's letterhead.)

____ Signed statement that the firm is in compliance with divisions (C) and (D) of section 4701.04 of the Ohio Revised Code. (This can be on the firm's letterhead.)

____ Ohio Peer Review Compliance form (on back of application.)

____ Copy of The Ohio Society of CPA's peer review acceptance letter signed by the chairman of the OSCPA Peer Review Acceptance Committee or AICPA Peer Review Program acceptance letter.

____ If the firm is requesting an exemption from the peer review requirements per division (J) of section 4701.04 of the Revised Code, please check this line and you must submit a Peer Review Exemption/Professional Services form with this application.

Name of Firm: _____
Firm ID number

Name of Chief Executive Officer: _____
Licensee ID number

Name of Contact Person if different from above: _____

_____ _____
E-mail Address Telephone

Address: _____ _____
Mailing Address Street Address (Physical Address)

Address: _____ _____
City State Mailing Zip City State Street Zip

I hereby state that to the best of my knowledge and belief, all information contained in this application, as well as the accompanying attachments, is true, accurate, and complete.

_____ _____ _____
PRINTED NAME and TITLE SIGNATURE DATE

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PEER REVIEW COMPLIANCE REPORTING FORM

In accordance with Board Rule 4701-13-11, *Reporting submission of peer review reports,* The Accountancy Board of Ohio requires information on the most recent peer review of your firm. Complete this form as indicated, sign the form, attach the required documents and mail to the address listed above.

Name of Firm: _____ _____ Firm ID number

Name of Chief Executive Officer: _____ _____ Licensee ID number

Firm address: _____ _____ Federal EIN #

Phone: _____ Email: _____

PROVIDE INFORMATION FROM THE PEER REVIEW REPORT

Report Date: _____ ☐ System Review ☐ Engagement Review

Current Review Year Covered: _____/_____ Prior Review Year Covered:_____/_____

Current Rating of Firm's report: _____ Prior Rating of Firm's report: _____

Does the firm perform: ☐ Audits ☐ Compilations ☐ Reviews ☐ Attestation Engagements ☐ Yellow Book Audits ☐ ERISA Audits ☐ FDIC ☐ Audit carrying Broker deal ☐ SOC 1 & 2

PROVIDE INFORMATION FROM FINAL LETTER OF ACCEPTANCE

☐ **Pass** ☐ **Fail** ☐ **Pass with Deficiencies**

Was corrective action required? ☐ YES ☐ NO
Deadline for corrective Action was: _____

Corrective action to be completed: _____
Date corrective action to be completed by: _____

DUE DATE FOR NEXT REVIEW: _____

MANDATORY ATTACHMENTS: CHECK THE DOCUMENTS THAT ARE ATTACHED

PASS
- ☐ Peer Review Report
- ☐ Final Letter of Acceptance

PASS WITH DEFICIENCIES
- ☐ Peer Review Report
- ☐ Corrective Action Letter
- ☐ Letter of Response
- ☐ Final Letter of Acceptance

FAIL
- ☐ Peer Review Report
- ☐ Corrective Action Letter
- ☐ Letter of Response
- ☐ Final Letter of Acceptance

Officer, resident manager, or sole proprietor must sign below to verify the accuracy of the information.

_____
Signature Date