



Accountancy Board of Ohio  
77 S. High Street, 18th Floor  
Columbus, Ohio 43215-6128  
<http://acc.ohio.gov/CPE.aspx>  
(614) 466-4135

## CONTINUING PROFESSIONAL EDUCATION REPORT

CPA NUMBER: \_\_\_\_\_

Please check here if your contact information has changed.

NAME:	_____	( )
	Last                      First                      Middle	Phone No.
HOME ADDRESS:	_____	
	Number and Street                      City                      State                      Zip	
EMAIL:	_____	

EMPLOYER'S NAME:	_____	( )
		Phone No.
ADDRESS:	_____	
	Number and Street                      City                      State                      Zip	
WEBSITE ADDRESS:	_____	
E-MAIL ADDRESS:	_____	

The Board requires 120 hours of CPE documentation in order to transition a license from a Registration to a Permit. New licensees are required to earn 40 CPE in their initial 2-year reporting period.

Documentation of **ALL** required CPE hours **MUST** be submitted with this form.

CPE Attached                       CPE Uploaded to CPE Audit Service

CPE E-mailed to: \_\_\_\_\_

- **Acceptable CPE documentation:** certificates of completion, sponsor transcripts, or other documentation verifying the date, time, place and content of the program, along with proof of successful completion.

**INSTRUCTIONS:**

1. Include only documentation which verifies the successful completion of CPE programs.
2. If you perform Taxation services, 24 credits are required. \_\_\_\_\_ credits reporting.  
If you perform Accounting and Auditing services, 24 credits are required. \_\_\_\_\_ credits reporting.  
**Mandatory:** 3 hours of Board approved ethics/PSR: \_\_\_\_\_ credits reporting.
3. Sign and date the affidavit at the bottom of this form. The Ohio permit CANNOT be issued without a dated signature on this form.

**MANDATORY QUESTIONNAIRE**

**1. Check one of the following:**

- I do not perform any public accounting work or regulated services in the State of Ohio.
- I work for a public accounting firm. *(A company which advertises as a CPA firm, or performs attest services.)*
- I perform regulated services. *(Consulting, taxes, preparing financial reports and signing as a CPA but not advertising (business cards, signage, website, etc.) as a CPA.)*
- I perform public accounting work as a sole proprietor. *(Advertising as a CPA or other business organization.)*

**If you do not perform any public accounting work or regulated services, skip the remainder of this questionnaire and sign the affidavit.**

**2. Check the types of services that you perform for clients: (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. Do you sign as a "CPA," or advertise as a "CPA" in the name of the company? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Sign as a "CPA" | <input type="checkbox"/> Advertise as a "CPA" |
|--|---|

**AFFIDAVIT**

**(This form 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.

<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
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