

**STATE OF OHIO  
BOARD OF CAREER COLLEGES AND SCHOOLS  
30 EAST BROAD STREET, SUITE 2481  
COLUMBUS, OHIO 43215-3414  
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Toll Free (877) 275-4219**

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**STATEMENT OF FISCAL RESPONSIBILITY**

SCHOOL NAME				
ADDRESS	NUMBER & STREET	CITY	STATE	ZIP

Please submit the following documents as evidence of the fiscal responsibility of the applicant institution:

**New Schools**

1. Institutions that are new and do not have a history of education or other business offerings shall provide the most recently available financial statements, tax returns or other financial documents pertaining to the controlling principal owners that demonstrate sufficient resources to ensure ongoing operation of the institution. In addition, the institution shall submit a plan setting forth the budget for the institution's first year of operation and clearly identify sources of revenue that will ensure effective operations.

OR

2. If the corporation, partnership, limited liability company, or other business entity is ongoing, the institution shall provide the most recently available financial statements of the business entity compiled, reviewed, or audited in accordance with Generally Accepted Accounting Principles (GAAP), prepared by an independent certified public accountant.

**Renewal Schools**

1. Institutions that operated as sole proprietorships shall provide the most recently available financial statements, tax returns or other financial documents pertaining to the controlling principal owners that demonstrate sufficient resources to ensure ongoing operation of the institution.

OR

2. If the Institution is controlled by a corporation, partnership, limited liability company, or other business entity, the institution shall provide the most recently available financial statements of the business entity compiled, reviewed, or audited in accordance with Generally Accepted Accounting Principles, prepared by an independent certified public accountant.

(PLEASE COMPLETE BACK SIDE)

NAME OF PERSON TO CONTACT REGARDING QUESTIONS ABOUT FINANCIAL INFORMATION:	
PHONE NUMBER	EMAIL ADDRESS

List the primary Financial Institutions which the school does business with:

NAME OF INSTITUTION	CONTACT	TELEPHONE
ADDRESS	NUMBER & STREET	CITY STATE ZIP
NAME OF INSTITUTION	CONTACT	TELEPHONE
ADDRESS	NUMBER & STREET	CITY STATE ZIP

## SCHOOL CERTIFICATION

I hereby certify that the financial information and statements contained herein and on the attached financial statements, reflect the true and accurate financial position of this school on the date indicated.

\_\_\_\_\_  
SIGNATURE OF CERTIFYING SCHOOL OWNER/DIRECTOR

\_\_\_\_\_  
DATE

**ALL ITEMS MUST BE COMPLETED!**

COMPLETION OF THIS FORM IS REQUIRED BY SECTION 3332 OF THE OHIO REVISED CODE, PRIOR TO THE CONSIDERATION BY THE BOARD OF CAREER COLLEGES AND SCHOOLS FOR AN INITIAL OR A RENEWAL OF A CERTIFICATE OF REGISTRATION.

ALL QUESTIONS MUST BE ANSWERED AND ALL MATERIALS REQUESTED MUST ACCOMPANY THE APPLICATION (FAILURE TO DO SO WILL RESULT IN THE RETURN OF THE APPLICATION, WITHOUT ACTION, TO THE SCHOOL AND ANY FEES PAID ARE SUBJECT TO FORFEITURE).