



IDAHO STATE BOARD OF ACCOUNTANCY
 PO Box 83720
 Boise ID 83720-0002
 Phone (208) 334-2490 Fax (208) 334-2615
 Web Site: isba.idaho.gov

\$120.00 License Fee
 \$ 20.00 Wall Certificate fee (optional)
 (ALL FEES ARE NON-REFUNDABLE)

APPLICATION FOR LICENSE - CERTIFIED PUBLIC ACCOUNTANT

NAME _____ DOB _____ SSN _____
 RESIDENCE ADDRESS _____
 CITY, STATE, ZIP _____ PHONE _____
 E-MAIL ADDRESS _____

Will you be providing public accounting services in Idaho or for Idahoans? YES NO

If Yes: Firm Name _____

Address _____ City, State, Zip _____

Phone () _____ Fax () _____ E-mail _____

Peer Reviewed Services Offered: Audits Reviews Compilations
Non-Peer Reviewed Services Offered: Taxes Financial Statements w/o Reports

Which address shall we use for future mailings? Residence Firm

Please do not submit this form until you have met all of the following requirements:

Exam Successfully passed the Uniform CPA Examination as an Idaho candidate.
Ethics Successfully completed the AICPA Ethics course. *You must attach notification from the AICPA that you have successfully passed the Ethics course. You must also notify the AICPA to submit your score to the Board.*

Education Exam Candidate approval 5/2000 exam or prior: 4 Year Degree (30 business credits, 20 of which are accounting)
 Exam Candidate approval after 5/2000 exam: 150 semester hours (24 business credits, 24 accounting credits – (accounting credits must cover the following subjects; Financial, Audit, Tax and Management Accounting)).
The educational requirements for examination differ from the educational requirements for licensure. Please, do not apply for licensure until the Board has received proof in the form of official transcripts sent direct from the University that you have met the educational requirements for licensure. If you are not sure if previously submitted transcript meets the educational requirements for licensure, please contact Sandy Gentry before submitting this application.

Experience One Year, full or part time employment of no less than 12 months and no more than 36 months and no less than 2,000 hours. Experience must be earned in the 10 year period immediately preceding this application. Record of employment not listed on prior applications: Give names and addresses of employers, dates of employment, nature of work and reasons for changing employment. Please list on a separate sheet, and If you were discharged or resigned under charges, give particulars. *Employment Experience form(s) must accompany this application.*
Failure to provide the above documentation could result in denial of your application for license.

Yes No Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor (including any felony or misdemeanor traffic violations) not previously disclosed to this Board in writing? If yes, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

Yes No Have you had an application for license denied, or license suspended, restricted, or revoked by any state or federal agency or governing or licensing board?

The statements given in this application are true and correct to the best of my knowledge and belief, I have not suppressed any information which might have a bearing upon this application, and I know of no reason why the application should not be granted.

Date: _____ Signature: _____ Revised 1/08

The annual license period is July 1st through June 30th. Idaho does not pro-rate license fees. If you submit your license application in May or June, and would like to delay issuance until July 1st, please indicate on this form.



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VERIFICATION OF EMPLOYMENT AND EXPERIENCE EVALUATION FORM

An applicant must provide evidence of one (1) year of experience to receive a license. The experience shall consist of **full or part time employment** that extends over a period of **no less than twelve (12) months** and **no more than thirty-six (36) months** and includes **no fewer than two thousand (2,000) hours** of performance of services. Experience must be earned **within the ten (10) year period immediately preceding the latest application for licensure**. Please return a completed form for each employer.

Applicant Name: _____ E-Mail Address: _____

Employer: _____ Employer Address: _____

Applicant's Job Title: _____ Period of Employment: _____ to _____

Absence during this period of employment for military service or medical leave (circle one) was from _____ to _____

Please list your **total hours from this employer**: Public Practice _____ hours Non-Public Practice _____ hours

Please briefly describe your accounting experience which demonstrates satisfactory knowledge of current practice standards and pronouncements of the profession in the following areas. Indicate the percentage of experience in each area. **Attach additional sheets if necessary.**

% ACCOUNTING: _____

% AUDITING: _____

% MANAGEMENT ADVISORY: _____

% FINANCIAL ADVISORY: _____

% CONSULTING: _____

% TAX ADVICE: _____

APPLICANT'S CERTIFIED TRUE STATEMENT

I certify to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. (The applicant is not required to have their signature notarized)

Date: _____ Signature: _____

CPA'S OR LPA'S NOTARIZED CERTIFIED TRUE STATEMENT

My signature below indicates my compliance with the following requirements:

- 1) I will maintain all supporting documentation of the applicant's experience until 30 days after the applicant is granted a certificate. I understand the Board of Accountancy or its designee may inspect the supporting documentation of the applicant's experience upon receipt of the application prior to its approval.
- 2) The above named applicant has demonstrated satisfactory knowledge of current practice standards and pronouncements of the profession.
- 3) I understand any false or misleading statement made on a certificate of experience shall constitute a violation of Idaho Code 54-219(1)(a) and could result in the suspension or revocation of my license.

Dated: _____ Signature: _____ Please print your name: _____

State(s) in which I hold a current CPA license. **Please list license number(s)** _____

If you are a licensed LPA in Idaho, please list your license number _____ PA- _____

Notary Public:

Subscribed and sworn before me this _____ day of _____, 20 _____.

Official Seal

 Notary Public Signature

Residing at _____ (County) _____ (State) My commission expires _____