



IDAHO STATE BOARD OF ACCOUNTANCY

PO Box 83720

Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

E-Mail: sue.lenon@isba.idaho.gov Web Site: www.isba.idaho.gov

APPLICATION FOR REINSTATEMENT or RE-ENTRY

Lapsed or Suspended licenses may be reinstated. Inactive or Retired licensees may seek re-entry. Complete this application, document 80 hours of CPE, and pay the non-refundable Reinstatement or Re-entry fee. Please contact our office for fee amount.

Applicant Name \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

1. While your license was Lapsed, Suspended, Inactive or Retired, did you:

- \_\_\_ YES \_\_\_ NO Sign Financial Reports as a CPA/LPA?
\_\_\_ YES \_\_\_ NO Sign Tax Returns as a CPA/LPA?
\_\_\_ YES \_\_\_ NO Practice Public Accounting in any other manner?
\_\_\_ YES \_\_\_ NO Use stationery or business cards as a CPA/LPA?
\_\_\_ YES \_\_\_ NO Use CPA/LPA in any other manner?

2. List all other states/jurisdictions in which you have been or currently are licensed as a CPA or LPA.

Table with 4 columns: Issuing State, Date Issued, License Number, Is license still in effect and in good standing? (YES/NO checkboxes)

3. DATE CPE HOURS BEGAN \_\_\_\_\_ DATE CPE HOURS COMPLETED \_\_\_\_\_

CPE must be completed during the twelve-month period immediately prior to the application submission date, i.e. an application submitted August 1, 2004 requires that CPE be completed between August 1, 2003 and August 1, 2004.

4. Will you or your firm be providing public accounting services in Idaho or for Idahoans?

\_\_\_ YES \_\_\_ NO If Yes: Firm Name \_\_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_

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

5. (A) 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 not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.) 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

(B) Have you had an application for license denied, restricted, suspended or revoked by any state or federal agency or governing or licensing board? If yes, please provide explanation. [ ] YES [ ] NO

Statements of this application are true and correct to the best of my knowledge and belief and are made under penalty of perjury.

Dated \_\_\_\_\_ Signature X \_\_\_\_\_

If Course has no Ethics component, then Hours = Total Course

Hours					ETHICS*	TOTAL Hours
DATES	LOCATION	TITLE OF PROGRAM & SPONSOR	Hours	Hours		
<i>Example</i>	12/26-28/2008	Boise, Id	Tax Preparation - Idaho Tax Preparers Ass'n	6	2	8
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
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11.						
12.						
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21.						
22.						
23.						
24.						
25.			<b>IDAHO STATE SPECIFIC ETHICS **</b>			
<b>TOTALS</b>						

(If additional lines are needed, contact Sue Lenon for instructions).

\* 4 Hours of Ethics CPE (which may include Idaho-Specific Ethics) are required every 2 years.

\*\* Idaho State-Specific Ethics required for all new, reciprocal, reinstatement, re-entry licensees as of 7/1/2008.

**Idaho State Board of Accountancy (208) 334-4596 (208) 334-2615 FAX sue.lenon@isba.idaho.gov**