



Idaho State Board of Accountancy
PO Box 83720
Boise ID 83720-0002
Phone: 208-334-2490
Fax: 208-334-2615
E-mail: sandy.bly@isba.idaho.gov

September 29, 2016

RE: Issuance of a CPA License to a Foreign Applicant

Dear Sir or Madam:

The Idaho State Board of Accountancy has a provision for issuing CPA licenses to individuals who qualify for foreign reciprocal licensure. The Board relies upon an evaluation of foreign credentials done by the National Association of State Boards of Accountancy's (NASBA) division of CPA Examination Services (CPAES.)

The purpose of IQEX is to facilitate the US CPA qualification process for those accounting professionals from other countries whose professional bodies have entered into mutual recognition agreements with the American Institute of Certified Public Accountants (AICPA) and the National Association of State Boards of Accountancy (NASBA). At present, such agreements are in effect only with the Canadian Institute of Chartered Accountants (CICA), the Institute of Chartered Accountants in Australia (ICAA), the Institute of Chartered Accountants in Ireland (ICAI) and the Instituto Mexicano De Contadores Publicos (IMCP), the Hong Kong Institute of Certified Public Accountants (HKICPA), and the New Zealand Institute of Chartered Accountants (NZICA).

IQEX is a function of the National Association of State Boards of Accountancy (NASBA). Prepared by the AICPA, the four and one-half hour objective item examination is offered only in English and is administered as a computer based test (CBT).

If you hold one of these designations and wish to receive reciprocal licensure in the state of Idaho, please go to NASBA's web site <http://www.nasba.org/nasbaweb.nsf/lp> or <http://www.nasba.org/nasbaweb.nsf/exam> or contact NASBA's IQEX Unit at E-mail: iqex@nasba.org / Tel: 800-CPA-EXAM ext. 4285 / Fax: 615-880-4290 for additional information.

Sincerely,

Sandy Bly
Administrative Assistant II

Applying for an Idaho CPA License International Reciprocity

- 1. IQEX Exam:** You must successfully complete the International Uniform Certified Public Accountant Qualification Examination (IQEX). If you have not yet taken the IQEX, contact the National Association of State Boards of Accountancy (NASBA) at 615-880-4250 or www.nasba.org to obtain information on the IQEX and to arrange to take the IQEX exam. You must request that NASBA provide the Idaho State Board of Accountancy with verification of your IQEX exam grade.
- 2. Application:** You must submit a complete *License Application – International Reciprocity* form and the associated fees. Be sure you complete all parts of the form. When you complete the form you must:
 - Provide employment information demonstrating at least one year of experience in the jurisdiction which granted your foreign credential involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills; or
 - Provide employment information demonstrating at least four years of professional experience in Idaho during the last ten years.
- 3. Status:** You must submit verification that your foreign credential is active and in good standing, the initial issue date of your foreign credential, the absence of disciplinary proceedings, that you passed the applicable qualifying examination, and that you met the experience requirements for obtaining your credential. You must complete Section A of the *Authorization for Exchange of Professional Accounting Credential Information for International Reciprocity* (enclosed). Submit the form directly to the organization issuing your foreign credential to request verification of the above information to be sent to the Board.
- 4. Ethics:** You must complete the AICPA's *Professional Ethics for CPAs* with a grade of 90% or better. For information on the self-study course and the examination contact the American Institute of CPAs at 888-777-7077. You must request to have notice of your grade mailed directly to the Board.

To assist you, the following forms and information are available on the Board's website:

- License Application – International Reciprocity Form
- Authorization for Exchange of Professional Accounting Credential Information for International Reciprocity Form
- Idaho Accountancy Act and Rules



IDAHO STATE BOARD OF ACCOUNTANCY
 APPLICATION FOR CPA LICENSE: INTERNATIONAL RECIPROCIITY
 PO BOX 83720 – BOISE ID 83720-0002
 Phone: 208-334-2490 Fax: 208-334-2615

\$ 175.00 Application Fee
 \$ 120.00 License Fee
 \$ 20.00 Wall Certificate (optional)
 \$ 315.00 Total Fees

Please type or print clearly. Fees are not refunded for any reason. Failure to answer any question or to make full disclosure of any fact or information may result in denial of application or revocation of certificate and/or license. Answer each question completely. Please keep the Board office informed of any address change. Fee must accompany this application.

 SSN First Name Middle Name Last Name Suffix

 DOB Place of birth: Mother's Maiden Name Your Maiden Name/Previous Last Name

 Sex Height Weight Eye Color Hair Color

 Home Phone Work Phone Cell Phone Fax

Mailing Address

Alternate Address

In Care of: _____
 Street1: _____
 Street 2: _____
 City, State, Zip: _____
 E-mail Address: _____



DATE OF BIRTH _____ PLACE OF BIRTH _____

AGE _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

Distinguishing Marks or Characteristics: _____

Other last names known by: _____

SUMMARY OF EMPLOYMENT:

List employment showing at least one year of experience in the jurisdiction which granted your foreign credential, involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills; **OR** List employment showing at least four years of professional experience in Idaho during the last ten years.

| Employer | Address | Date | | Total Hours |
|----------|---------|------|----|-------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

FOR OFFICE USE ONLY: ID COURTS/REPOSITORY

Record No Record _____
 Initials Date _____

GOOD MORAL CHARACTER:

If any of the following questions, or any part thereof is answered in the affirmative, give dates, court or proceeding, the full facts including disposition and the name and address of the person or body in possession of the record thereof, on a separate sheet of paper.

Circle One

- 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 ever been charged with fraud, formally or informally, in any proceeding?
- Yes No Has your conduct ever been called into question with reference to the unethical practice of public accounting?
- Yes No Have you ever been censured, reprimanded, disciplined, suspended, disqualified or disbarred as a member of any profession or as a practitioner before any administration or agency, or have you ever been suspended or removed from any public or private office, because of conduct reflecting upon your character?
- Yes No Are there any other facts not disclosed by your answers hereto, but concerning your background, history, experience and activities, which in your opinion may have a bearing on your character, moral fitness or eligibility to practice accounting in Idaho and which should be placed at the disposal of or brought to the attention of the Idaho State Board of Accountancy?
- Yes No Have any of the above charges been made or filed or any of the above or similar proceedings been instituted against you?
- Yes No Are there any pending actions or suits or any unsatisfied judgments or decrees against you? If so, describe the same, give the names and addresses of creditors or parties, the names and location of the court and the nature of the claims against you on a separate sheet and attach. (Refer to but do not repeat answers given to other questions herein.)

AFFIDAVIT:

I do hereby certify:

That I am of good moral character and have never been convicted of any felony, fraud, or misdemeanor by any court except as detailed herein; that the statements made herein are true; that I have not suppressed any information that might affect this application; that in the event I am authorized to practice as a Certified Public Accountant in Idaho I will conform to, abide by, and comply with the laws of the State of Idaho and the regulations of the State Board of Accountancy. That I will, without mental reservation, loyally support the Constitution of the United States and the Constitution of the State of Idaho.

That the above statements are made under the penalties of perjury. The Board reserves the right to make further inquiry from any source and require additional information for a personal appearance to aid in determining the qualifications of any applicant. That the attached photograph on this application is a true likeness of myself as I presently appear, and that the personal description given is true and correct.

Signature of Applicant

Date

If you do not provide a Social Security Number, please complete the following:

I have not furnished a Social Security Number on my application for issuance of my CPA license. I do not have a Social Security Number. I declare, under penalty of perjury under the laws of the State of Idaho, that the foregoing is true and correct.

Signature: _____

NOTARY:

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

Notary Public Signature: _____

NOTARY

Residing at: _____ (County)

SEAL

Date Commission Expires: _____

October 2016

Idaho State Board of Accountancy
PO Box 83720
Boise, Idaho 83720-0002
208-334-2490 Ph 208-334-2615 Fax
isba.idaho.gov

Authorization for Exchange of Professional Accounting Credential Information for International Reciprocity

SECTION A: AUTHORIZATION (To be completed by the applicant - Please type or print legibly)

State accountancy boards require the information requested by this form in order to assess your reciprocity application. Please complete only Section A of this form and forward the form to the entity that issued the professional accounting credential that supports for reciprocity request. Request that entity to complete the remainder of this form (Section B) and return it to the Idaho State Board of Accountancy. (Check with the entity before forwarding this form to determine if you need to meet additional requirements or submit additional fees before such information will be released.)

Mr. _____
Ms. _____
Mrs. _____

| Last Name | First Name | Middle Name | Previous or Other Name |
|-----------|------------|-------------|------------------------|
|-----------|------------|-------------|------------------------|

Current Mailing Address

City

State

Zip Code

Country

(_____) _____
Telephone: Where you can be reached during business hours Date of Birth Federal Identification Number
In Country of Credential
(if applicable)

Chartered Accountant Qualifying Examination Data:

What jurisdiction (State or NASBA) administered the exam? _____ Date of exam administration _____ Passing Score _____

I hereby request and authorize the _____ (credentialing authority, for example, provincial Institute of Chartered Accountants) to provide all information requested in this form to the Idaho State Board of Accountancy.

Applicant Signature

Date Signed

SECTION B: VERIFICATION OF FOREIGN PROFESSIONAL ACCOUNTING CREDENTIAL (To be completed by the foreign credentialing entity ONLY)

1. Credential description:

a. Name of organization issuing professional accounting credential _____

b. Name of credential granted _____

c. Basis of admission or certification: 1. By examination _____
Examination Name Date

2. By affiliation _____
Province/Country of original credential

3. Other _____

d. Date this credential was first issued to applicant (or the applicant was admitted to membership in your organization, if no formal credential is awarded) _____

e. Identification or index number, if any, your organization uses to identify applicant _____

f. Date credential or certificate lapses or expires _____

2. Professional accounting experience obtained or required for foreign credential:

Please identify the type and amount (in years) of experience this applicant demonstrated in obtaining the professional credential described in SECTION B.1. (or, if your organization does not maintain detailed experience records, please identify the minimum experience your organization required at the time applicant obtained the right to use the credential.)

3. Standing: a. Please state whether the applicant is currently entitled to use the credential identified in SECTION B.1. in your jurisdiction. YES _____ NO _____

b. If NO, please explain

4. Investigation and discipline:

a. Please state whether your organization has any disciplinary action or investigation pending with respect to this applicant. YES _____ NO _____

If YES, please list allegations, findings to date, and discipline on a separate sheet. If your organization's rules do not permit such disclosure, please so state.

b. Please list on a separate sheet all disciplinary actions your organization has taken with respect to the applicant during the last ten years. Please indicate specific allegations, your organization's findings with respect thereto, and any discipline imposed by your organization with respect to each allegation. If your organization's rules do not permit such disclosure, please so state.

c. Is this individual's practice license restricted? YES _____ NO _____

If YES, please provide details on a separate sheet.

5. Certification: I hereby certify to the following:

a. I am duly authorized by this organization's governance to complete this document on the organization's behalf.

b. The information provided herein and herewith is true and correct to the best of my knowledge.

c. This organization extends reciprocal credentialing to U.S. CPAs in accordance with international treaties, agreements, or accords.

Name of Credentialing Entity

Official Signature

Telephone

Signing Official's Name (please print)

Title

Date



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



NAME BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

A \$20 processing fee must be included. Each field marked with an asterisk (*) must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. **A personal check will only be accepted if issued by the requestor or requesting agency.** A \$20.00 fee will be charged for any returned checks.

*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.***

| REQUEST | | | | |
|--|-----------------------------------|--------------|-------|-------|
| Please provide an Idaho Criminal History on the individual named below. | | | | |
| *Last Name | *First Name | *Middle Name | | |
| Alias Names (Include Maiden/prior Married Names) Please provide both first and last name. | | | | |
| *Date of Birth (mm/dd/yyyy) | Social Security Number (optional) | | *Sex | *Race |
| *Address | *City | *State | *Zip | |
| WAIVER | | | | |
| Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted. | | | | |
| I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself. | | | | |
| _____ | | | _____ | |
| *Signature | | | *Date | |
| <i>This signature on the waiver must be within 180 days of the name check submission.</i> | | | | |

*TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION *

| | | |
|---|--|-----------------------------|
| Requesting Person or Company * | Address of Requester (Results will be mailed to this address)* | |
| | Street _____ | |
| | City, State & Zip Code _____ | |
| Printed Name of Requester (Print Legibly) * | Signature of Requester * | Phone Number of Requester * |

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642
(208) 884-7130 • FAX (208) 884-7193

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