



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

**PEER REVIEW
 APPLICATION FOR REGISTERING AS AN ADMINISTERING ORGANIZATION**

Any entity wishing to perform peer reviews in the State of Idaho must apply to the Idaho State Board of Accountancy and be approved as a qualified administering organization. Qualified administering organizations must meet minimum standards based on "Standards for Performing and Reporting on Peer Reviews" promulgated by the American Institute of Certified Public Accountants, Inc.

Name of Applicant Administering Organization _____

Address _____

Name of Contact Person _____

Phone Number of Contact Person _____

The Board has adopted the "Standards for Performing and Reporting on Peer Reviews" promulgated by the American Institute of Certified Public Accountants, Inc. as its minimum standards for quality review of practice units.

Does your organization adhere to the minimum standards? YES _____ NO _____*

*If no, please provide information on minimum standards used _____

- Please submit a copy of your latest **AICPA Oversight Report**, which is required for verifying qualifications.
- Mail this **application**, and the **Oversight Report** to the **Idaho State Board of Accountancy, P.O. Box 83720, Boise, ID 83720-0002**

Signature of authorized official

Date

If you have any questions regarding this registration and application process,
 please contact the Board Office at 208-334-4596.

For Board use only - do not write in the space below.

Date Application received _____	Date Scheduled for Review _____	Reviewers _____
Approved? Y N	Date Board Notified _____	Date Applicant contacted _____