



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

For Office Use Only	
Batch	_____
Sequence	_____
Date	_____
Check #	_____
Amount	\$ _____

APPLICATION FOR LICENSE – CERTIFIED PUBLIC ACCOUNTANT

The annual license period is July 1st through June 30th. Idaho does not pro-rate license fees. Your license will be issued as soon as your application is approved and a renewal fee will be required no later than July 1st.

Please do not submit your application until you are ready for your license to be issued.

\$120.00 license fee \$20 wall certificate fee (optional) Fees are non-refundable.

First Name _____ Middle Name _____ Last Name _____ Suffix _____

DOB _____ Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____
Mailing Address _____ **Alternate Address** _____

In Care of: _____

Street1: _____

Street 2: _____

City, State, Zip: _____

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 Taxes* Consulting*

Non-Peer Reviewed Services Offered: Taxes* Consulting* Financial Statements w/o Reports

Safe harbor statements cannot be prepared if your firm does audits, compilations or reviews for any clients.

*Tax and/or consulting maybe included with Peer Review or Non-Peer Review services.

Please do not submit this form until you have met all 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** *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 you previously submitted transcript meets the educational requirements for licensure, please contact Sandy Bly.*
- Experience** *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: _____ October 2016

FOR OFFICE USE ONLY: ID COURTS / REPOSITORY			
Record	No Record	_____	_____
		Initials	Date



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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 _____



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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