



APPLICATION FOR REINSTATEMENT OR RE-LICENSURE OF A CPA LICENSE

I am applying for: Reinstatement (CPA certificate has lapsed or has been revoked)
 Re-licensure (CPA certificate was surrendered or voided)

I am requesting: License to Practice
 Inactive Status

LAST 4 DIGITS OF SSN: _____ **CPA CERTIFICATE #** _____ **DATE ISSUED:** ____/____/____

FIRST NAME _____ **MIDDLE** _____ **LAST NAME** _____

MAIDEN NAME / PREVIOUS NAME _____ **SUFFIX** _____

REASON FOR REINSTATEMENT / RE-LICENSURE: _____

Notification Address: Residence Mailing
 Business Mailing

EMPLOYER: _____

JOB TITLE: _____

RESIDENCE ADDRESS/CONTACT INFORMATION:

BUSINESS ADDRESS/CONTACT INFORMATION:

CITY _____ STATE _____ ZIP CODE _____

CITY _____ STATE _____ ZIP CODE _____

(_____) _____
 AREA CODE TELEPHONE NUMBER

(_____) _____
 AREA CODE TELEPHONE NUMBER

(_____) _____
 AREA CODE FAX

(_____) _____
 AREA CODE FAX

EMAIL ADDRESS _____

BUSINESS EMAIL ADDRESS _____

1. Are you an owner of or employed by a public accounting firm? Yes No
2. Are you presently practicing public accountancy by performing attest or professional services?
 (A.C.A. §17-12-103(a)(2),(15)) Yes No
3. Have you been performing or offering to perform for the public one or more kinds of services
 as set forth in A.C.A. §17-12-505 since the date you last held a license to practice?
(If yes, please state full explanation on separate sheet of paper) Yes No
4. Have you used the title certified public accountant or public accountant or the abbreviations "CPA"
 or "PA" or any other title to indicate that you are a certified public accountant or public accountant
 since the date you last held a license to practice?
(If yes, please state full explanation on separate sheet of paper) Yes No
5. Is there currently pending against you any proceeding to consider the cancellation, revocation,
 suspension or refusal to renew of your authority to practice as a CPA, or has your CPA certificate
 been cancelled, revoked, suspended, or renewal thereof refused, by any other state for any cause
 other than failure to pay an annual registration fee in that other state?
(If yes, please state full explanation on separate sheet of paper) Yes No

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6. Is there currently pending against you any criminal prosecution for, or have you pled guilty to or been convicted of, a felony or any crime, under the law of any state or of the United States of which dishonesty or fraud is an essential element? A conviction shall include a finding of guilt or plea of guilty or nolo contendere, regardless of whether an adjudication of guilt or sentence is suspended or withheld in a court of this or any other state or territory of the federal government. Yes No
(If yes, specify each offense identifying the style of the case, name, case number, court address and conviction date on a separate piece of paper)

7. Have you ever had the right to practice before any federal or state governmental body or agency cancelled or suspended? **(If yes, please state full explanation on separate sheet of paper)** Yes No

8. Are you licensed to practice public accountancy in any state other than Arkansas? Yes No

1. State _____ Cert. # _____ 3. State _____ Cert. # _____

2. State _____ Cert. # _____ 4. State _____ Cert. # _____

9. EXPERIENCE REQUIREMENT (License to Practice)

Applicants holding only a certificate or whose license has not been active for three (3) years or more must have at least one (1) year of experience verified by a licensee meeting requirements prescribed by the Arkansas State Board of Public Accountancy by rule and on a form prescribed by the Board. This experience must have been earned within the five (5) years preceding the application for a License to Practice. Experience shall include providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills. This experience will be acceptable if it was gained through employment in government, industry, academia or public practice. Summarize your work experience on the Employment Record form and forward the Experience Affidavit to your employer(s) to report this experience to the Board (make copies as necessary).

10. CPE REQUIREMENTS (License to Practice)

CPE proposal must include a minimum of 120 hours of CPE, including a minimum of four (4) CPE hours in accounting professional conduct and ethics. The proposal must also follow all of the requirements outlined in Rule 13, specifically, but not limited to, 13.2 and 13.3. In addition, Rule 13.3(f) states that self-study hours shall not exceed 60% of the total CPE hours required. You may include any CPE already completed; however, all CPE must be completed within 36 months of the proposal date.

11. CPA registrations expire on December 31 each year and must be renewed annually.

12. Return the following items to the Board:

- a. Signed and dated Application for Reinstatement or Re-licensure of a CPA License.
- b. Employment Record form.
- c. Experience affidavit, CPE Proposal form, and supporting documentation for all CPE (if reinstating or re-licensing to a License to Practice).
- d. \$150.00 application fee (all monies are deposited upon receipt; cashing of your check does not imply acceptance or approval of application).

CPA ATTESTATION

I, _____ (print name) hereby apply for reinstatement or re-licensure of a CPA license as a Certified Public Accountant in Arkansas. I certify that I have read and am familiar with the Arkansas Public Accountancy Act of 1975, Board Rules and the Board’s Code of Professional Conduct. I swear or affirm that all the information contained in this application is true, accurate and complete and that I agree to comply with the 1975 Public Accountancy Act as amended and the current governing Board rules.

Applicant Signature _____
Date