



Arkansas State Board of Public Accountancy

900 West Capitol, Suite 400 • Little Rock, AR 72201

phone (501) 682-5532 • fax (501) 682-5538 • www.asbpa.arkansas.gov

Practice Review Survey

PR21 - _____ License# _____

Your Practice Review # is on your 2021 Practice Review Notification.

Print name as it appears on license card.

1. ATTEST REPORTS

- No reports issued
- Reports Issued:
 - Attached is a copy of the most recently issued Peer Review Report and Peer Review Acceptance Letter OR proof of enrollment in a Peer Review program as my first Peer Review has yet to be completed.
 - I have submitted to the Board my latest Peer Review and Acceptance Letter within the last 12 months.
 - The Arkansas State Board of Accountancy has access to view my Peer Review via the AICPA Facilitated State Board Access website. The date of my latest Peer Review was _____.

2. COMPILATION REPORT WITH DISCLOSURES

- No reports issued
- Reports issued, enrolled in a Peer Review program. Attached is a copy of the most recently issued Peer Review Report and Acceptance Letter OR proof of enrollment if first Peer Review has yet to be completed.
- Reports issued, not enrolled in a Peer Review program. Attached is a copy of the most recently issued report, accompanying financial statements (no work papers), a completed Compilation With Disclosures engagement form, and the applicable fee.

Name of accountant with final responsibility for this report: _____

3. COMPILATION REPORT WITHOUT DISCLOSURES

- No reports issued
- Reports issued, enrolled in Peer a Review program. Attached is a copy of the most recently issued Peer Review Report and Acceptance Letter OR proof of enrollment if first Peer Review has yet to be completed.
- Reports issued, not enrolled in a Peer Review program. Attached is a copy of the most recently issued report, accompanying financial statements (no work papers), a completed Compilation Without Disclosures engagement form, and the applicable fee.

Name of accountant with final responsibility for this report: _____

I am remitting fees for each type of Compilation report:

- One type of Compilation report \$100
- Both types of Compilation reports \$150
- Enrolled in a Peer Review program \$0

Please select one of the following:

- I am submitting my latest Peer Review report with this Practice Review Survey or have submitted my latest Peer Review report to the Board within the past 12 months. I agree that I will contact the Alabama Society of CPAs (the Board's Peer Review Administering Entity) **by June 30, 2021** and request that the Board be granted access to my peer review documents via the AICPA Facilitated State Board Access website (FSBA).
- I have already granted the Board access to my peer review documents via the FSBA.
- I perform Compilations only.

Please remit your Practice Review Survey and all applicable documentation by email or mail to:

Email: Kathrine.stone@arkansas.gov

Mail: Arkansas State Board of Public Accountancy
Attn: Practice Review
900 West Capitol Ave, Suite 400
Little Rock, AR 72201

Address

Phone Number

Email Address

Date

Signature
