

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF ACCOUNTANCY
 301 East 14th Street Suite 200, Sioux Falls, SD 57104
 (605) 367-5770 accountancy.sd.gov

FOR OFFICE USE ONLY

CPA Certificate # _____

Date Issued _____

WEB ID & Password _____

APPLICATION FOR THE C.P.A. CERTIFICATE

INSTRUCTIONS

1. When completing this form, type or print legibly.
2. Attach fee as follows: August 1 to January 31 - \$50; February 1 to July 31 - \$25.
 (include a \$50 late fee if applying after 90 days of becoming eligible for a certificate) Make checks payable to the South Dakota Board of Accountancy.

3. Check appropriate statement: Application is being made as:

 A graduate of an accredited educational institution with a minimum of 150 semester hours, including a baccalaureate or graduate major in accounting.
 An individual who has completed a minimum of 150 semester hours, including a course of study determined by the Board to be substantially equivalent to an accounting major, from an educational institution recognized by the Board.
 Baccalaureate (Sat prior to 1998).

4. Include completed certificate of experience form.

5. Check appropriate statement: Application being made by an individual who passed the AICPA Uniform Examination as a:

 South Dakota candidate
 If candidate of another state, please comply with the following instructions:
 1. Attach or have your college submit official copies of your transcripts.
 2. Sign an "Authorization for Interstate Exchange of Examination and Licensure Information" form and send it to your home Board so they can complete and forward it to our office.

1. Name _____
First Middle Last

Social Security Number _____ Other Names Known By _____ Male Female

The disclosure of the applicant's social security number is mandatory pursuant to 42USCA 666, Title IV-D of the Social Security Act. This licensing board will keep the applicant's social security number confidential, except that the number may be provided to the Dept. of Social Services for use in administering Title IV-D of the Social Security Act.

2. Permanent Address _____
City State Zip + Four

Phone Number () _____ E-Mail _____

3. Employer Name _____

Address _____
City State Zip + Four

Phone Number () _____ E-Mail _____

4. Place of Birth _____ Date of Birth _____
City State

5. MORAL CHARACTER DATA:

If you answer "Yes" to any of the questions below, you must provide a certified copy of the court records or a certified copy of applicable license or disciplinary records with a statement of explanation with this application.

- yes no Have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions)?
- yes no Have you had an application for a certificate or license denied or a certificate or license suspended, canceled, or revoked by any state or federal agency or governing or licensing board?
- yes no Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency or the AICPA or any state CPA society?
- yes no Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence?

6. In which state did you participate in the C.P.A. examination? South Dakota Other State
 If other state, answer the following questions:
 a. Name of state _____
 b. Dates taken _____

7. Have you ever held a CPA certificate from another state? yes no

8. List all states you are licensed in now or have been licensed in the past _____

Completion of a professional ethics exam is a requirement for the South Dakota CPA certificate. If you have not completed an ethics course, you must order and complete this course.

Please provide the following information regarding an ethics course:

Completion Documentation Enclosed _____

Passed in another state (indicate which state) _____

Ordered, completed and submitted ethics exam to AICPA, indicating a copy of the score is to be sent to the South Dakota Board of Accountancy. Date ethics exam submitted to AICPA _____

CERTIFIED TRUE STATEMENT

I, the undersigned, as an applicant for a certificate of Certified Public Accountant, certify under penalties of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing application, including any supplemental statements. I have read Chapter 36-20B of the South Dakota Statutes and the rules of the South Dakota Board of Accountancy and agree to abide by them. I understand there is a fee for a certificate and is payable with the application. I hereby authorize all colleges and universities, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board of Accountancy any information, files or records requested by the Board in connection with the processing of this application.

Signature _____

Date _____