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

UNIFORM CPA INITIAL EXAMINATION APPLICATION

FOR OFFICE USE ONLY
Jurisdiction Code
School Code
Transcript Required
150 Sem hrs w/acctng major
Equivalent
Juris. Cand ID
WEB ID & Password sent

INSTRUCTIONS

- 1. **Complete** the form online, click to sign in BOTH places, click Submit at the bottom & a copy will be emailed to you.
- 2. Print the form, sign, and mail it to the address above with payment and ALL applicable documents.
- 3. **Indicate section(s) to be taken and enclose the appropriate fees.** Make check payable to the South Dakota Board of Accountancy.

AUD - \$302.64

FAR - \$302.64

REG - \$302.64

Discipline - \$302.64 Select ONE(1):

BAR

ISC T

TCP

4. 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 degree in accounting or equivalent.

An individual who <u>will</u> graduate from an accredited educational institution with a minimum of 150 semester hours, including a baccalaureate or graduate degree in accounting or equivalent, before 100 days after sitting for any section of the examination.

OFFICIAL TRANSCRIPTS: Ordered from school(s) and school registrar directly mails to Board office

Ordered from school(s) and school registrar directly emails to accountancy@state.sd.us

1.	Name:							
	First			Middle Init	Middle Initial		Last	
	Other Names Kr	own By:				Female	Male	
	Passport Name:							
	First			Middle Init	ial	Last		
2.	Place of Birth			Date of Birth		_ Mother's Maiden Name_	_	
		City	State					
3.	Home Address:							
		Stree	t/Box Number		City	State	Zip + Four	
	Primary Phone:				_ Email:			
١.	Employer Name	:						
	Work Address: _							
			t/Box Number		City	State	Zip + Four	
	Phone Number:				Work Email:			

6. Education (Post-High School):

Name of School	Location	Dates Attended (From -To)	Date of Graduation	Major/Degree

	or unprofessional conduct? YES NO If YES, attach explanation .							
8.	Have you previously made application to the South Dakota Board of Accountancy to sit for the C.P.A. examination?							
	YES NO If YES, give date:							
9.	Have you ever participated in the CPA exam in any other state? YES NO If YES, answer the following questions:							
	Name of State:							
	Dates taken:							
	Do you hold current conditions? YES NO If YES:							
	In what sections?							
	Date conditioned?							
	Immediately request an "Authorization for Exchange of Information" form from this Board.							
10.	Have you ever been denied permission to sit for the CPA examination in any other state?							
	YES NO If yes, attach explanation.							
11.	Have you ever been convicted of any crime, felony, or misdemeanor by any court of any state or of the United States?							
	YES NO Date of conviction: (If YES, attach detailed information.)							
12.	Have you ever changed your name? YES NO (If YES, excluding name change due to marriage, provide documentation.)							
	Have you ever been licensed to practice accounting in this state or any other state? YES NO If YES, what state?							
14.	4. Candidates with Disabilities: Applicants requiring modifications in the examination administration due to a disability <u>must</u> obta an official modification form from the South Dakota Board of Accountancy. Applicants must complete and submit this form <u>ever</u> time they apply for the examination and require special modifications. The completed form must be returned to the South Dakot Board of Accountancy with all required documentation at the time of application.							
15.	 ATTESTATIONS I understand and agree that I will not divulge the nature of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room. Failure to comply with this attestation may result in invalidated exam grades, disqualification from future Uniform CPA Examinations, civil, and/or criminal penalties. 							
	• I confirm that I have read and understand the provisions contained in the "Candidate Guide." I agree that in the event my examination data are lost or damaged any claim I may have will be limited to the examination fee(s) paid by me.							
	• I understand and agree that the information I provided above will be shared with the National Association of State Boards of Accountance (NASBA).							
	• Under penalty of perjury, I certify to the truth and accuracy of all statements, answers, and representations made in the foregoing application, and in all supplementary statements and materials.							
SIGI	NATURE OF APPLICANT DATE							
	WAIVER OF PRIVACY RIGHTS							
	• The information you provided above will be shared with the National Association of State Boards of Accountancy (NASBA). The South Dakota Board of Accountancy (Board) cannot require you to provide your social security number in order to apply or take the CPA exam, nor can the Board deny you any right or privilege if you choose not to provide your social security number for purposes of applying or taking the exam. This is your right pursuant to the Federal Privacy Act of 1974. You may waive this right by signing the waiver below. In doing so, you are authorizing the Board to share your social security number with NASBA for the purposes of investigation and verification of information provided by you in this application and to avoid errors of identity which may create delays in issuing your notice to schedule to sit for the Uniform CPA Examination.							
•	By providing your SSN and signature below you agree to waive your privacy rights and authorize the Board to share your SSN with NASBA.							
	Social Security No.:							
SIG	NATURE OF APPLICANT DATE							
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7. Have you ever been convicted of any crime other than minor traffic violations or ever been charged with any dishonest acts