

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 - \$292.64 FAR - \$292.64 REG - \$292.64 Discipline - \$292.64 Select **ONE(1)**: BAR ISC 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 will 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 Initial Last
Other Names Known By: _____ Female Male

Passport Name: _____
 First Middle Initial Last
2. Place of Birth _____ Date of Birth _____ Mother’s Maiden Name _____
 City State
3. Home Address: _____
 Street/Box Number City State Zip + Four
Primary Phone: _____ Email: _____
4. Employer Name: _____

Work Address: _____
 Street/Box Number City State Zip + Four

Phone Number: _____ Work Email: _____
5. NTS Delivery Preference (select one): Home Email Business Email
6. Education (**Post-High School**):

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

7. Have you ever been convicted of any crime other than minor traffic violations or ever been charged with any dishonest acts 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.)**

13. Have you ever been licensed to practice accounting in this state or any other state? YES NO **If YES, what state?** _____

14. **Candidates with Disabilities:** Applicants requiring modifications in the examination administration due to a disability must obtain an official modification form from the South Dakota Board of Accountancy. Applicants must complete and submit this form every time they apply for the examination and require special modifications. The completed form must be returned to the South Dakota 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 Accountancy (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.

SIGNATURE 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.: _____

SIGNATURE OF APPLICANT

DATE

Reminder - form must be printed from your email and mailed to the Accountancy office.