SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA BOARD OF ACCOUNTANCY

1501 S Highline Ave. Suite 4A, Sioux Falls, SD 57110
(605) 367-5770 accountancy.sd.gov

FOR OFFICE USE ONLY

Transcript Required _____

Juris. Cand ID _____

WEB ID & Password sent _____

UNIFORM CPA INITIAL EXAMINATION APPLICATION

INSTRUCTIONS

1. **Complete** the form online.
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 - $308.59 ☐ FAR - $308.59 ☐ REG - $308.59 Discipline - $308.59 Select **ONE(1)**: ◯ BAR ◯ ISC ◯ TCP
4. Check appropriate statement. Application is being made as:

   ◯ A graduate of an accredited educational institution with a bachelor's or graduate degree including a concentration in accounting or equivalent.
   ◯ An individual who will graduate from an accredited educational institution with a bachelor's or graduate degree including a concentration 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

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1. Name: _____ _____ _____
   First Middle Initial Last
   Other Names Known By: _____ Female Male

   Passport Name: _____ _____ _____
   First Middle Initial Last
2. Date of Birth: Mother's Maiden Name:
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 a crime involving dishonest acts or unprofessional conduct? ◯YES ◯NO **If YES, attach explanation**.

8. Have you previously submitted an application to the South Dakota Board of Accountancy to sit for the CPA 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 a felony?

    ◯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. 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 or content of any Uniform CPA examination question or answer under any circumstance; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any Uniform CPA examination materials, notes or any other items 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.