### 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

# ACTIVE CERTIFICATE RENEWAL APPLICATION FOR YEAR ENDING JULY 31, 2025

The active certificate fee is \$50 if filed by August 1, 2024 (\$100 if filed <u>after</u> August 1, 2024)

Make check payable to the SD Board of Accountancy. No cash please

1. First	Name:		Middle:	Last:				
2. Resid	Residence Address:							
City:	:		State:		Zip:			
Phor	ne:		Email:					
3. Emp	oloyer Na	ame:						
Addı	ress:							
City:	:		State:		Zip:			
Phor	ne:		Email:					
1. SD C	CPA Certi	A Certificate Number: Date Issued:						
5	_ I wish t	to receive mailings at my residence I wish to receive mailings at my business						
	Other than the one listed in 4, list all states in which you have applied or may hold a certificate or license to practice public ccountancy.							
STAT	TE	PERMIT NUMBER	CERTIFICATE NUMBER	DATE ISSUED	CURRENT STATUS			
address, e	rence of any issuance, denial, revocation or suspension of a certificate, license, or permit by another state, or any change of employment, or conviction of a felony. If you answer "Yes" to any of the questions below, you must provide a statement of tion with this application. Since your last renewal:  No Have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded not 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	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?							
exam provi certi	nined by i rided for i ificate is is	me, and to the best of my knowled n this section, knowing the same to	penalties of perjury that this claim (pe ge and belief, is in all things true and o be false or untrue, in whole or in par dered upon demand by the State Boar s as prescribed by law.	correct. Any person who t, shall be guilty of perjo	o signs such statement as ury. I understand when a			
Signa			Dat	e:				

BOA28 1 Rev. 06/2024

First Name:	Middle:	Last:

## RECORD OF CONTINUING PROFESSIONAL EDUCATION July 1, 2023, to June 30, 2024

ARSD Chapter 20:75:04 requires certificate holders to maintain records substantiating continuing education credits claimed as prerequisites for certificate renewal. List all CPE you completed between July 1, 2023, and June 30, 2024.

CPE Type*	Course Title	Sponsor	Completion Date	Credit Hours Claimed

<sup>\*</sup>CPE Type = Group (G), Self-Study (SS), University or College Instructor (UCI), Nano (N), University or College Course (UCC), Published article/Book/CPE Program (P) or Independent Study (IS).

#### MUST BE COMPLETED BY NON-RESIDENT LICENSEES IN LIEU OF THE ABOVE REPORT Use additional sheets in SAME FORMAT if necessary) **Out-of-State Affidavit** Yearly The continuing education requirement of a nonresident Totals licensee is considered met if the individual meets the continuing education requirement for a permit or license in the Credit Hours Claimed (7-1-23 to 6-30-24) state in which the individual's principal office is located. The individual's principal office is the location registered as the Credit Hours Claimed (7-1-22 to 6-30-23) individual's office on the Board records. , hereby certify that I hold a Credit Hours Claimed (7-1-21 to 6-30-22) I, current license to practice public accountancy in the state of Accumulated Credit (7-1-21 to 6-30-24) my principal office location which is , and I am in full compliance with the continuing education hours required Hours for an active license pursuant to this state's accountancy laws and regulations. Signature: \_