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

UNIFORM CPA RE-EXAMINATION APPLICATION

INSTRUCTIONS

1. **Complete** the form online, and sign (verify your signature via email as instructed), a copy will be emailed to you.
2. **Print** the form and **mail** it to the address above with payment.
3. **Indicate section(s) to be taken and enclose the appropriate fees.** Make check payable to the South Dakota Board of Accountancy. The application will not be processed until payment is received.

☐ AUD - $308.59 ☐ FAR - $308.59

☐ REG - $308.59 Discipline- $308.59 Select ONE(1): ◯ BAR ◯ ISC ◯ TCP

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1. Name: _____ _____ _____
   First **Middle Initial** **Last**

   Other Names Known By Since Last Application: _____

2. Date of Birth: _____ Mother's Maiden Name: _____

3. Home Address: _____ _____ _____ _____
   Street/Box Number **City** **State** **Zip + Four**

   Primary Phone: _____ Email: _____

4. Employer Name: _____

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

   Phone Number: _____ Email: _____

5. NTS Delivery Preference: ◯ Home Email ◯ Business Email

6. Have you ever been convicted of a crime involving dishonest acts or unprofessional conduct since your last application?
   Yes ◯ No ◯

7. Have you taken the CPA examination in any other jurisdiction since you last took it in South Dakota? ◯ Yes ◯ No
   If yes, immediately request an Interstate Authorization form from this office to transfer information

8. **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.

9. **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 is 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