

Minnesota Board of Accountancy  
85 East Seventh Place, Suite 125  
St. Paul, Minnesota 55101

Phone: 651-296-7938 • Fax: 651-282-2644 • TTY/TDD: 1-800-627-3529 • www.boa.state.mn.us

**APPLICATION FOR MINNESOTA CPA CERTIFICATE BY  
NON-MINNESOTA CPA EXAMINATION CANDIDATE**

**APPLICATION FEE - \$50.00**

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security Number</u>	<u>Former Name, if applicable</u>
<u>Date of Birth</u>		<u>Email address</u>		
<u>Home Address</u>				<u>Prefer mail sent to:</u>
				<input type="checkbox"/> Home <input type="checkbox"/> Work
<u>Home Phone</u>		<u>Work Phone</u>	<u>Daytime Fax</u>	
Is your principal place of business in the state of Minnesota?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain why you need a Minnesota Certificate.				
Have you previously applied to the Minnesota Board of Accountancy?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?				
Date you passed the Uniform CPA Examination.			As a candidate for which state?	
Indicate all states in which you have been issued a CPA Certificate and/or license or permit to practice:				
<u>State</u>	<u>Certificate Number</u>	<u>Date Issued</u>	<u>Currently Active?</u>	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied a CPA Certificate or had a CPA certificate, license, or permit revoked or suspended?			<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Have you ever been convicted of any crime, misdemeanor or any other discreditable act?			<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Have you ever been discharged from employment for a dishonest act?			<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If yes, provide a separate statement of explanation.				
<u>College/University attended</u>	<u>City, State</u>	<u>Degree Received</u>	<u>Date Degree Earned</u>	
Employment History – List full employment record for the past ten years (current employer first). You must list all employers, whether or not in the field of public accounting. Be sure that all addresses are current and correct. Complete the top section only of the experience verification form for <u>each</u> employer listed for which experience was obtained. Enough forms should be completed to cover at least four years of qualifying experience. (Enough forms covering one year of experience are needed if you have completed 150 semester hours or 225 quarter hours of education.)				
<u>Employer Name</u>	<u>Employer Address</u>	<u>Nature of Work</u>	<u>Months of Public accounting</u>	<u>Dates of employment</u> From                      To

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Personal References. List the names and current addresses of three responsible persons who: a) are not related to you, b) have known you for at least two years, and c) can attest to your professional qualifications. If possible, the list should include a CPA. Complete the top portion of a Personal Reference form for each person.

Name	Address	City	State	Zip

**Attestation Section**

I hereby apply for a Certificate of Certified Public Accountant in the State of Minnesota. I understand that according to Minnesota Statutes and Rules, that the act of filing this application shall constitute an agreement upon my part to observe the Board's Statutes and Rules.

The statements given in this application are true and correct to the best of my knowledge and belief. I have not suppressed any information that may have a bearing upon this application, and I know of no reason why my application should not be approved.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be completed by Notary Public:**

I, \_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, do certify that this application was subscribed and sworn to before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Seal

Notary Public Signature

\_\_\_\_\_

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF  
 INFORMATION AND CERTIFICATE INFORMATION**

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security Number</u>	<u>Former Name, if applicable</u>
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<u>Address</u>
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I am applying to the Minnesota Board of Accountancy for a Minnesota CPA Certificate. I authorize your Board to provide any and all pertinent information requested.

<u>Signature</u>	<u>Date</u>
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**Section A: Exam Scores**

Exam Date	AICPA ID #	Auditing and Attestation (AUD)	Business Environment and Concepts (LPR)	Financial Auditing and Reporting (FARE)	Regulation (ARE)

Was applicant ever denied admission to the exam? If yes, please explain.  Yes  No

Subjects which the candidate has been granted credit for, if any:  None  AUD  LPR  FARE  ARE

**Section B: Certificate Status**

The applicant holds an original / reciprocal (mark out one) CPA Certificate number \_\_\_\_\_, dated \_\_\_\_\_.

Has the applicant successfully completed an AICPA Ethics Examination?  Yes  No

Does the applicant hold a CPA license/permit to practice public accounting from your Board and is it in good standing?  Yes  No

Has the applicant met all of the qualifications for licensure from your Board?  Yes  No

Please indicate the requirements to be met for issuance or reinstatement:

<input type="checkbox"/> License/Permit not required	<input type="checkbox"/> Pay appropriate fees or post bond
<input type="checkbox"/> Complete acceptable accounting/auditing experience	<input type="checkbox"/> Complete CPE requirements
<input type="checkbox"/> Other: (please specify)	

Has the applicant ever been censured or reprimanded by your Board?  Yes  No

Has your Board ever suspended or revoked the applicant's certificate, permit or license to practice?  Yes  No

The information provided herein is correct to the best of our knowledge.

Name of State Board: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Board Seal*

## CPA EXPERIENCE VERIFICATION FORM

\_\_\_\_\_ is applying for a CPA Certificate. The Board of Accountancy would appreciate receiving any information you may have that could have a bearing on the applicant's certification as a CPA. Please complete the verification section of this form and return form to the Board of Accountancy at the address listed above. The CPA applicant has completed the experience section of this form.

### Experience (to be completed by CPA applicant)

Name and address of company where experience was obtained. (Enter below.)

Company Name:

Company Address:

Company City, State, Zip

Dates of employment:

From:

To:

Full-Time

Part-Time

Temporary

Number of hours of experience obtained (if part-time or temporary): \_\_\_\_\_

Describe in detail the nature of the work you performed including such factors as the complexity and diversity of the work performed:


### Verification (to be completed by verifying CPA)

Do you believe the above information is accurate?

Yes

No\*

Do you know of any reason the applicant should not be considered for a CPA Certificate?

Yes\*

No

Do you recommend the applicant for a CPA Certificate?

Yes

No\*

*\* Please supply additional information you believe is important. The back of this form should be used.*

I have read the above and believe it to be true, correct and complete to the best of my knowledge. I understand that I may be asked to substantiate the basis for my verification.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
CPA Certificate No.

\_\_\_\_\_  
Status (Active/Inactive)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State of Certification

\_\_\_\_\_  
Date

**PERSONAL REFERENCE FORM**

Enter name and address of personal reference below:

\_\_\_\_\_ has applied to the Minnesota Board of Accountancy for a CPA certificate.

(Name of CPA applicant)

*The applicant has listed you as a personal reference. Please provide the following information and return this form to the Board office at the address shown above. Failure to do so may delay the processing of the application. Thank you for your assistance.*

How long have you known the applicant?

In what capacity have you known the applicant?

Is the applicant related to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consider the applicant honest in every respect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant reliable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant trustworthy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you employed the applicant at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, was the applicant's work satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had sufficient personal contact with the applicant to enable you to serve as a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any reason the applicant should not be granted a CPA certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain negative answers on the reverse side of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**Data Practices Act Warning**

The data you furnish on this application will be used by the Minnesota Board of Accountancy to assess your qualifications for permit to practice. You are not legally required to provide this data; however, if you fail to do so, the Board of Accountancy will be unable to process this application. Disclosure of your Social Security Number is required by Minnesota Statute, Section 270.066 (2002) and may be requested and released to the Commissioner of Revenue. Some of the information contained on this application is public, pursuant to Minnesota Statutes.

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**CPA CERTIFICATE APPLICATION CHECKLIST**

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1.  Complete your application thoroughly. (Attach additional pages as necessary and see other supporting documents below.)
2.  Include the \$50.00 application fee.  
Make checks payable to “Minnesota Board of Accountancy”.
3.  Sign and date the application.
4.  Mail application and fee to the address listed at the top of the application form.

**Other supporting documents:**

- Authorization for Interstate Exchange of Examination & Certificate/License Information – Complete the first section of the form and send to ALL state boards in which you have been certified or licensed. The form may be copied as needed. You are responsible for any fees other states may require for this service.
- Experience Verification Forms – Complete the top section of the experience verification form(s) and mail directly to the verifying CPA. The verifying CPA must return the form directly to the Board office.
- Ethics Exam – All Minnesota CPA certificate applicants are required to pass the AICPA self-study Professional Ethics exam within two years preceding application. Contact the American Institute of Certified Public Accountants at 201-938-3000 or 212-318-0500.
- Personal Reference Forms – Complete the top section of three Personal Reference forms, mail the form directly to each individual and request they return the form directly to the Board office.
- Final Official College Transcript – If you have less than four years of qualifying experience (after passing the CPA examination) in the last ten years, you will need to submit Final Official Transcript(s), imprinted with the school seal, containing 150 semester hours or 225 quarter hours of education. The transcript must indicate your degree and the date it was conferred.
- Continuing Professional Education – If you received notice that you passed the CPA exam more than four years prior to this application, you need to complete a CPE Reporting form showing 120 hours of CPE in the three-year period preceding application.
- Please refer to Minnesota Rules Chapter 1105.1500 and 1105.2900 for education and experience requirements after July 1, 2006.
- Once all of the required documents are received, your application will be presented to the Exam and Credentialing Committee at the next regularly scheduled Board meeting.

If you have questions regarding your application, please call the Board office at 651-296-7938.

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