

**IDAHO STATE BOARD OF ACCOUNTANCY**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or**  
**PO Box 83720, Boise Idaho 83720-0063**  
**Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [isba@dopl.idaho.gov](mailto:isba@dopl.idaho.gov)**

For Office Use Only	
Batch #	_____
Sequence #	_____
Date	_____
Check #	_____
Amount	_____

**APPLICATION FOR LICENSE - CERTIFIED PUBLIC ACCOUNTANT**

**REQUIREMENTS: Please do not submit this form until you have met all requirements.**

**Education:** Earned a bachelors degree at an institution approved by the Board to include a minimum of:

- 24 semester hours of business courses
- 24 semester hours of accounting courses
  - must include courses in financial accounting, auditing, taxation, and managerial accounting

**Exam:** Successfully passed the Uniform CPA Examination as an Idaho candidate.

**Ethics:** Successfully completed the AICPA Ethics course. You must attach the certificate of completion from the AICPA showing your passing score.

**Experience:** Completed Employment Experience form/s notarized by the CPA verifying your experience.

**Failure to provide the above documentation could result in denial of your application for license.**

FEES: Active license fee: \$120.00 Wall certificate: \$20 fee (optional) **Fees are non-refundable.** Idaho does not pro-rate license fees. The annual license period is July 1st through June 30th. Your license will be issued as soon as your application is approved.

**A renewal fee is required no later than July 1st.**

Social Security Number: \_\_\_\_\_

First Name	Middle Name	Last Name	Suffix
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Date of Birth	Home Phone	Cell Phone	Work Phone	Email Address
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**Mailing (public) Address**

**Alternate Address**

In Care of: \_\_\_\_\_

In Care of: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

Street 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Will you or your firm be providing public accounting services in Idaho or for Idahoans? ( ) YES ( ) NO**

If Yes: Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Peer Reviewed Services Offered: \_\_\_\_\_ Audits \_\_\_\_\_ Reviews \_\_\_\_\_ Compilations

Non-Peer Reviewed Services Offered: \_\_\_\_\_ Taxes \_\_\_\_\_ Consulting \_\_\_\_\_ Financial Statements using Safe Harbor language

*Safe harbor statements cannot be prepared if your firm does audits, compilations, or reviews for any clients.  
 Tax and/or consulting may be included with Peer Review or Non-Peer Review services.*

**Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services? ( ) YES ( ) NO**

**If yes**, attach a copy of your DD-214 form, you are entitled to certain benefits because of your service.

Have you been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.) **If yes**, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event. ( ) YES ( ) NO

Have you had an application for license denied, restricted, suspended or revoked by any state or federal agency or governing or licensing board? **If yes**, please provide an explanation. ( ) YES ( ) NO

**Statements of this application are true and correct to the best of my knowledge and belief and are made under penalty of perjury.**

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

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**VERIFICATION OF EMPLOYMENT AND EXPERIENCE EVALUATION FORM**

An applicant must provide evidence of one (1) year of experience to receive a license. The experience shall consist of full or part time employment that extends over a period of **no less than twelve (12) months** and **no more than thirty-six (36) months** and includes **no fewer than two thousand (2,000) hours** of performance of services. Experience must be earned **within the ten (10) year period immediately preceding the latest application for licensure**. Please return a completed form for each employer.

Applicant Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_ Period of Employment: \_\_\_\_\_ to \_\_\_\_\_

Absence during this period of employment for military service or medical leave (circle one) was from \_\_\_\_\_ to \_\_\_\_\_

Please list your total hours from this employer: Public Practice: \_\_\_\_\_ hours Non-Public Practice \_\_\_\_\_ hours

Please briefly describe your accounting experience which demonstrates satisfactory knowledge of current practice standards and pronouncements of the profession in the following areas. Indicate the percentage of experience in each area. Attach additional sheets if necessary.

\_\_\_\_\_ % Accounting: \_\_\_\_\_

\_\_\_\_\_ % Auditing: \_\_\_\_\_

\_\_\_\_\_ % Management Advisory: \_\_\_\_\_

\_\_\_\_\_ % Financial Advisory: \_\_\_\_\_

\_\_\_\_\_ % Consulting: \_\_\_\_\_

\_\_\_\_\_ % Tax Advice: \_\_\_\_\_

**APPLICANT'S CERTIFIED TRUE STATEMENT**

I certify to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. (The applicant is not required to have their signature notarized)

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

**CPA'S OR LPA'S NOTARIZED CERTIFIED TRUE STATEMENT**

My signature below indicates my compliance with the following requirements:

- 1) I will maintain all supporting documentation of the applicant's experience until 30 days after the applicant is granted a certificate. I understand the Board of Accountancy, or its designee may inspect the supporting documentation of the applicant's experience upon receipt of the application prior to its approval.
- 2) The above named applicant has demonstrated satisfactory knowledge of current practice standards and pronouncements of the profession.
- 3) I understand any false or misleading statement made on a certificate of experience shall constitute a violation of Idaho Code 54-219(1)(a) and could result in the suspension or revocation of my license.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Please print your name: \_\_\_\_\_

State/s in which I hold a current CPA license. Please list license number/s \_\_\_\_\_

If you are a licensed LPA in Idaho, please list your license number PA- \_\_\_\_\_

Notary Public:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Official Seal

Notary Public Signature \_\_\_\_\_

Residing at \_\_\_\_\_ (County) \_\_\_\_\_ (State)

My commission expires \_\_\_\_\_