

**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:** Successfully earned a baccalaureate degree at an institution approved by the Board including a minimum 24 business and 24 accounting credits covering the subjects of financial accounting, auditing, taxation, and management accounting. More details can be found on our website.

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

**Ethics:** Successfully completed the AICPA Ethics course. You must attach notification from the AICPA that you have successfully passed the Ethics course. You must also notify the AICPA to submit your score to the Board.

**Experience:** Employment Experience form/s must accompany this application.

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

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.**

First Name	Middle Name	Last Name	Suffix
DOB	Home Phone	Cell Phone	Work Phone
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: _____	
Email Address			

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

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.

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

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

YES  NO 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 explanation.

**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 \_\_\_\_\_

**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)

**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 Advise: \_\_\_\_\_

**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 applicants 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 \_\_\_\_\_