

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

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

APPLICATION FOR REINSTATEMENT or RE-ENTRY

Lapsed or Suspended licenses may be Reinstated. Inactive or Retired licensees may request Re-Entry. Complete this application, attach documentation of 80 hours of CPE (4 of which must be ethics with at least 2 Idaho specific ethics), and pay the non-refundable Reinstatement or Re-Entry fee. Contact the office for fee amount.

License #	First Name	Middle Name	Last Name	Suffix
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DOB	Home Phone	Cell Phone	Work Phone	Email Address
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Mailing Address	Alternate Address
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In Care of: _____	In Care of: _____
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Street 1: _____	Street 1: _____
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Street 2: _____	Street 2: _____
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City, State, Zip: _____	City, State, Zip: _____
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While your license was Lapsed, Suspended, Inactive or Retired, did you:

- | | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Sign Financial Reports as a CPA/LPA? | <input type="checkbox"/> YES <input type="checkbox"/> NO Sign Tax Returns as a CPA/LPA? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Practice Public Accounting in any other manner? | <input type="checkbox"/> YES <input type="checkbox"/> NO Use the CPA/LPA title in any manner? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Use stationery or business cards as a CPA/LPA? | |

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.

DATE CPE HOURS BEGAN _____ **DATE CPE HOURS COMPLETED** _____

CPE must be completed during the twelve-month period immediately prior to the application submission date. i.e. An application submitted August 1, 2021 requires that CPE be completed between August 1, 2020 and July 31, 2021.

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 to this Board in writing? Not previously disclosed. (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? Not previously disclosed. **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 _____

**Board of Accountancy
Reinstatement or Re-Entry CPE Report**

License # _____

List courses completed **one year prior to the date the application** is completed to fulfill the requirement of 80 CPE hours, including 4 ethics of which 2 must be Idaho state specific. **Attach** copies of each certificate along with this form.

	DATES	DELIVERY METHOD	TITLE OF PROGRAM	PROGRAM SPONSOR	HOURS	ETHICS HOURS	TOTAL HOURS
<i>Example</i>	1/26/2021	See Below	Tax Update	ISCPA	6	2	8
1.							
2.							
3.							
4.							
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29.							
30.							
TOTALS							

Delivery Methods: Group, Self-Study, Nano, University/College course, Blended

Attach copies of each certificate along with this form.