

STATE OF KANSAS
BOARD OF ACCOUNTANCY
900 SW JACKSON, SUITE 556S
TOPEKA, KS 66612-1239
TELEPHONE: (785) 296-2162

PRINT OR TYPE

REQUIRED: DATE OF BIRTH: _____

OPTIONAL: GENDER: _____ RACE _____

APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANCY CERTIFICATE BY PASSING EXAM IN KANSAS

INSTRUCTIONS: APPLICATIONS FOR CPA CERTIFICATES MUST BE MAILED TO THE BOARD AT THE ABOVE ADDRESS ON THIS FORM. WE DO NOT ACCEPT EMAILED OR FAXED COPIES. VERIFICATION OF SATISFACTORY COMPLETION OF THE **AICPA COMPREHENSIVE ETHICS COURSE** IS REQUIRED FOR CERTIFICATION IN KANSAS. YOUR SIGNATURE ON THE ENCLOSED OATH MUST BE WITNESSED BY A CPA AND RETURNED TO THE BOARD OFFICE.

(NOTE: ANYONE WHO INITIALLY SAT FOR THE EXAM BEGINNING MAY 1997, AND THEREAFTER, MUST SUBMIT A NON-REFUNDABLE \$50 CERTIFICATE FEE.)
 (DO NOT DETACH)

PRINT

SOCIAL

1. NAME _____ 2. SECURITY NO. _____

(AS YOU WANT IT TO APPEAR ON YOUR CPA CERTIFICATE)

PURSUANT TO 5 U.S.C. 552a, THE KANSAS BOARD OF ACCOUNTANCY ADVISES YOU THAT SOCIAL SECURITY NUMBERS PROVIDED TO THE BOARD, PURSUANT TO K.S.A. 74-148 AND 74-139, MAY BE PROVIDED TO THE KANSAS DEPARTMENT OF REVENUE, UPON REQUEST, OR MAY BE USED FOR CHILD SUPPORT ENFORCEMENT PURPOSES.

3. NAME WHEN YOU PASSED CPA EXAM (IF DIFFERENT FROM ABOVE) _____
 (PLEASE SEND A COPY OF THE LEGAL DOCUMENTATION FOR ANY NAME CHANGE.)

4. CURRENT EMPLOYER _____

5. TITLE _____

6. ADDRESSES: BUSINESS _____ (STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)
 RESIDENCE _____ (STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)

7. PREFERRED MAILING ADDRESS: ☐ BUSINESS ☐ RESIDENCE8. PREFERRED EMAIL ADDRESS: _____ BUSINESS ☐ PERSONAL ☐

9. TELEPHONES: BUSINESS _____ FAX _____ RESIDENCE OR CELL _____

10. EXAM DATE PASSED FINAL SECTION OF CPA EXAM UNDER KANSAS LAW _____

11. HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF ANY CRIME, MISDEMEANOR, OR FELONY, UNDER THE LAWS OF ANY STATE, OR THE UNITED STATES? (IF YES, PLEASE PROVIDE A FULL EXPLANATION.) ☐ YES ☐ NO

12. HAVE YOU FAMILIARIZED YOURSELF WITH THE BOARD'S CODE OF PROFESSIONAL ETHICS, AND DO YOU AGREE TO ABIDE BY SAID CODE? ☐ YES ☐ NO

13. HAVE YOU ATTACHED VERIFICATION OF COMPLETION OF THE AICPA CORRESPONDENCE ETHICS COURSE EXAM? ☐ YES ☐ NO
 A. IF NO, WILL VERIFICATION BE SENT DIRECT FROM AICPA? ☐ YES ☐ NO

14. ARE YOU PERFORMING ANY PUBLIC ACCOUNTING SERVICES FOR KANSAS CLIENTS? ☐ YES ☐ NO
 IF SO, WHAT TYPE OF SERVICES? _____

15. WITHIN THE LAST SEVEN YEARS, HAVE YOU HAD ANY TAX LIENS OR TAX WARRANTS ISSUED AGAINST YOU OR ANY ENTITY FOR WHICH YOU ARE RESPONSIBLE? ☐ YES ☐ NO

16. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING YOUR TAX RETURNS? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) ☐ YES ☐ NO

17. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING TAX RETURNS AND/OR PAYING TAXES COLLECTED ON BEHALF OF OTHERS FOR WHICH YOU WERE RESPONSIBLE? (I.E., WITHHOLDING TAXES, SALES TAX, USE TAX, ETC. NOTE: ENTERING INTO A PAYMENT PLAN DOES NOT MEAN YOU ARE CURRENT.) (IF YES, PLEASE ATTACH A FULL EXPLANATION.) ☐ YES ☐ NO

NOTE: IF YOU ARE PERFORMING ANY PUBLIC ACCOUNTING SERVICES IN KANSAS, OR PLAN TO DO SO IN THE FUTURE, YOU ARE REQUIRED TO OBTAIN A PERMIT (LICENSE) TO PRACTICE AS SOON AS YOU ARE ELIGIBLE, AND BEFORE YOU MAY USE THE CPA DESIGNATION. PLEASE REFER TO K.S.A. 1-302b AND K.S.A.1-310. IF YOUR APPLICATION IS DENIED, YOU MAY BE SUBJECT TO REIMBURSEMENT OF COSTS TO THE BOARD.

NON-REFUNDABLE FEE: (\$50.00): CHECK ☐ CREDIT CARD ☐

Credit Card: VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ CREDIT CARD # _____
 EXP. DATE (MO/YR) _____
 SECURITY CODE _____

CARDHOLDER'S SIGNATURE

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____ SIGNATURE _____

Please use a pen with blue ink.