

STATE OF KANSAS
BOARD OF ACCOUNTANCY
LONDON STATE OFFICE BUILDING
900 SW JACKSON STREET, SUITE 556S
TOPEKA, KS 66612-1239
(785/296-2162)

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT CERTIFICATE
BY TRANSFER OF GRADES**

Kansas Statutes Annotated 1-307 provides that an individual may obtain both a certificate and a permit to practice who is deemed to be substantially equivalent to the CPA requirements of Kansas. Such an application may be made through NASBA's Qualification Service, or through the Board. If you are applying through the Board, please complete the attached form pursuant to the following instructions.

In order to apply for a CPA certificate by transfer of grades, you will need to submit the following forms and transcripts. A transfer of grades requires the applicant to meet our course specific 150-hour education requirement.

PLEASE NOTE THAT YOU MUST SUBMIT A COMPLETE PACKAGE TO THE BOARD FOR APPLICATION FOR A CPA CERTIFICATE. INCOMPLETE APPLICATIONS WILL BE RETURNED.

For Certificate:

- a. Application for CPA certificate by transfer of grades
- b. Application for Interstate Authorization Exchange Form (this form must indicate that you have satisfactorily completed an ethics exam approved by this Board for certification in your state)
- c. New CPA Certificate Holder Oath
- d. Official copies of transcripts from all colleges attended

PLEASE NOTE THAT YOU MUST SUBMIT A COMPLETE PACKAGE TO THE BOARD FOR APPLICATION FOR A PERMIT. INCOMPLETE APPLICATIONS WILL BE RETURNED.

For Permit:

- a. Application for Initial Permit
- b. Experience Form

1. Complete the application for CPA certificate by transfer of grades, providing answers to all questions.
2. Submit copies of official transcripts from all of the colleges attended to determine if you meet our course specific education requirement. If you do not, you will be properly notified as to any deficiencies.
3. Complete the top portion of the Authorization for Interstate Exchange of Information form, and send it to the State Board where the original CPA certification was received. You must also send this form to the state in which your principal place of business is located and any other state where you have held or hold a CPA certificate. The State Boards are to return the completed forms to you to include in the complete package. The form may be reproduced as needed.
4. Attach a check or money order, made payable to the *Kansas Board of Accountancy*, or provide credit card information, in the amount of \$250. **THIS FEE IS NON-REFUNDABLE.** If applicant needs a permit (license) to hold out and perform public accounting services as a CPA in Kansas, a separate fee will be required at that time. The permit fee is determined by whether an odd or an even CPA certificate number is assigned.
5. Complete the **New CPA Certificate Holder Oath**. Your signature needs to be witnessed by another CPA who holds a valid CPA certificate. The CPA does not need to be a licensed CPA nor a CPA certificate holder in Kansas.
6. Complete the **Application for an Initial Permit to Practice** as a CPA if you will be practicing public accounting. The **Certificate of Experience** form will need to be completed for verification of experience as well and both forms are to be submitted to the Board in a complete package. Please use a pen with blue ink when signing the application.

08/22 PRINT OR TYPE

**APPLICATION FOR KANSAS CERTIFIED PUBLIC ACCOUNTANT
CERTIFICATE BY TRANSFER OF GRADES**

REQUIRED:	DOB _____
OPTIONAL:	
GENDER _____	RACE _____

1. FULL NAME (Indicate if different when certified): _____
(If name change has occurred, please submit a copy of the legal documentation verifying name change.)

NAME CERTIFICATE TO BE ISSUED UNDER (If different than above): _____
SOCIAL SECURITY NUMBER _____

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.

2. NAME OF PRESENT EMPLOYER: _____

3. TITLE: _____

4. FULL BUSINESS ADDRESS: _____

5. RESIDENCE ADDRESS: _____

PREFERRED MAILING ADDRESS: BUSINESS RESIDENCE
6. PREFERRED EMAIL ADDRESS: _____ BUSINESS PERSONAL

7. TELEPHONES: RESIDENCE _____ BUSINESS _____ FAX _____

8. ORIGINAL CPA CERTIFICATE NO. (if applicable): _____ CURRENT PERMIT VALID UNTIL: _____
FROM THE STATE OF: _____ STATE CPA EXAM COMPLETED IN: _____
ISSUED ON DATE OF: _____ OTHER STATES CERTIFIED IN: _____

9. ARE YOU
(A) PRESENTLY PERFORMING YES NO OR
(B) DO YOU PLAN TO PERFORM YES NO
ANY ACCOUNTING SERVICES AS A CPA, EITHER AS AN EMPLOYEE, AN OWNER, OR A SOLE PRACTITIONER, FOR KANSAS CLIENTS? YES NO
IF YES, WHAT TYPE OF SERVICES ARE YOU, OR WILL YOU BE PERFORMING? _____

10. IF ANSWER TO QUESTION 9 IS YES, IS THE PRACTICE OF CERTIFIED PUBLIC ACCOUNTANCY YOUR PRINCIPAL OCCUPATION? NA YES NO

11. DO YOU HAVE ONE YEAR OF EXPERIENCE IN PUBLIC PRACTICE, GOVERNMENT, INDUSTRY OR ACADEMIA THAT CAN BE VERIFIED BY A LICENSED CPA? YES NO

12. HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF ANY CRIME, MISDEMEANOR OR FELONY, UNDER THE LAWS OF ANY STATE, OR THE UNITED STATES, OR BEEN THE OBJECT OF ANY CIVIL SUIT BASED UPON ALLEGATIONS OF NEGLIGENCE, INCOMPETENCE, MISCONDUCT, FRAUD OR DECEIT IN THE PRACTICE OF PUBLIC ACCOUNTING, UNDER THE LAWS OF ANY STATE, OR OF THE UNITED STATES? (IF YES, ATTACH A FULL EXPLANATION.) YES NO

13. HAVE YOU EVER HAD A CPA CERTIFICATE OR LICENSE TO PRACTICE FROM ANY OTHER STATE CANCELED, REVOKED, SUSPENDED OR VOLUNTARILY SURRENDERED? (IF YES, ATTACH A FULL EXPLANATION.) YES NO

14. HAVE YOU EVER HAD THE RIGHT TO PRACTICE BEFORE THE UNITED STATES TREASURY DEPARTMENT, OR ANY OTHER GOVERNMENT BODY OR AGENCY CANCELED OR REVOKED? (IF YES, ATTACH A FULL EXPLANATION.) YES NO

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

16. 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.) NA YES NO

17. HAVE YOU ATTACHED THE REQUIRED NON-REFUNDABLE FEE OF \$250? YES NO
PURSUANT TO K.S.A 1-206 (a) AND (b), IF YOUR APPLICATION IS DENIED, YOU MAY BE SUBJECT TO REIMBURSEMENT OF COSTS TO THE BOARD.

Credit Card: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> CREDIT CARD # _____
EXP. DATE (MO/YR) _____
SECURITY CODE _____
CARDHOLDER'S SIGNATURE _____

I hereby certify that the foregoing statements provided by me are true and correct to the best of my knowledge, and that I have not omitted or suppressed any information which might have an affect on my application. I also certify that I have read and understand the Kansas Statutes and the Kansas Board's Regulations, including the Code of Professional Ethical Conduct, and agree to comply with same if my application for a Kansas CPA certificate is approved.

DATE _____ SIGNATURE _____

Please use a pen with blue ink.