

**APPLICATION FOR MINNESOTA CPA CERTIFICATE (LICENSE)
BY NON-MINNESOTA EXAM CANDIDATE**

INSTRUCTIONS

1. Complete your application thoroughly, and sign and date it.
2. Include the \$150 application fee. Make checks payable to “Minnesota Board of Accountancy.”
3. [Authorization for Interstate Exchange of Examination & Certificate/License Information Form](#) (page 4) – Complete the “**Requested by**” section of the form and send to **all** state boards in which you have been licensed (or the state that holds your CPA exam scores, if you are not yet licensed). Copy the form as needed. You are responsible for any fees other states may require for this service.
4. Ethics Exam – All Minnesota CPA certificate applicants are required to pass the AICPA self-study [Comprehensive Professional Ethics Exam](#) within two years preceding application. Contact the AICPA at 888-777-7077 for information on completing the examination and to send to the Board an official copy of your Ethics Exam results.
5. Complete the “Name” and “Address” portion of three Personal Reference Forms (page 6). Instruct your reference to complete the bottom portion **and send the form directly to the Board office**. Your references cannot be related to you and they must have known you for a minimum of two years. You **can** have someone verifying your experience (see step 7) also be a personal reference.
6. Submit your transcript from the accredited educational institution(s) at which you completed 150 semester hours or 225 quarter hours of qualifying education. Confirm with the institution(s) that the transcript lists the degree you were awarded and the date it was conferred. **Do not open the transcript record**. Forward it as sealed by the institution or have it mailed directly to us.
If you have been licensed for four or more years in another state: You do not need to submit transcripts if a) you can submit four or more years of verified experience (see step 7) earned after you passed the CPA exam and within ten years of your application to Minnesota ([MN Statute 326A.04.3](#)), and b) you submit CPE as detailed in step 8.
7. Complete Part 1 of the [Experience Verification Form](#) (page 5) and have Part 2 completed by the verifying CPA(s) **and sent by them directly to the Board office**. If one individual cannot verify the full duration of required experience, submit as many additional forms as are necessary to meet the requirements in [MN Rules 1105.2600 and 1105.2800](#). These should be the same people you list in Section 4 of the application. Unless the situation in step 6 applies to you, you must submit the equivalent of one full-time year of experience.
8. Continuing Professional Education – If it has been more than three years since you first received notice that you passed the CPA exam, you must complete the [CPE Reporting Form for Status Change to Active](#) (under “[Applications and Forms](#)” on the Board website) showing 120 hours of CPE in the three-year period preceding this application. See [MN Rule 1105.3350](#).
9. Mail the **application** (pages 1, 2, and 3), any other documentation your situation requires (as outlined above) and the **fee** to the address above.

[Authorization to Release Applicant Information](#): See page 7 for information on this **optional** form’s use.

Once all of the required documentation is received, your application will be presented to the Exam and Credentialing Committee at its next regularly scheduled meeting.

If you have questions regarding your application, please **call*** the Board office at 651-296-7938.
(*Due to the confidential nature of the application information, we cannot respond to questions via email.)

Data Practices Act Warning

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2016). All data, except social security number, telephone number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

**APPLICATION FOR MINNESOTA CPA CERTIFICATE (LICENSE)
 BY NON-MINNESOTA EXAM CANDIDATE**

Application Fee: \$150

Complete **ALL** sections of the application form.

Section 1: General Information

Are you or your spouse an active duty military member? Or have you left service in the last two years with an honorable or general discharge? No Yes

Contact Details:

Name _____
(First) (M.I.) (Last) (Suffix)

Preferred "mail to":
 Home Business

Former Name _____
(if applicable)

Social Security # _____

Employer Name _____

Birth Date _____ Gender: Male Female
(MM) (DD) (YYYY)

Work Phone _____

Home Phone _____

Work Fax _____

Home Address _____

Work Address _____

City _____

Work City _____

State _____ Zip _____

Work State _____ Work Zip _____

Is your principal place of business in the State of Minnesota? Yes No*

*If no, explain why you need a Minnesota Certificate below:

Have you previously applied to the Minnesota Board of Accountancy? No Yes (specify when: _____)

Date you passed the CPA Examination _____ **As a candidate for which state?** _____
(MM) (DD) (YYYY)

Section 2: Education

College/University Attended	City, State	Degree Received	Date Graduated

Section 3: License History

Indicate all states in which you have been issued a CPA certificate and/or license or permit to practice:

State	Certificate/License/Permit #	Date Issued	Currently Active?	
			<input type="checkbox"/>	Yes <input type="checkbox"/> No
			<input type="checkbox"/>	Yes <input type="checkbox"/> No
			<input type="checkbox"/>	Yes <input type="checkbox"/> No
			<input type="checkbox"/>	Yes <input type="checkbox"/> No

Section 4: Employment History

List the employer(s)/CPA(s) who will verify your qualifying experience. Be sure that all addresses are current and correct. For the duration and type of experience required, see [MN Rules 1105.2600](#) and [1105.2800](#). If you are already licensed in another state, see also [MN Statute 326A.04.3](#).

Complete Part 1 of the [Experience Verification Form](#) (page 5) and have Part 2 completed by the verifying CPA(s). The verifying CPA(s) should return that form directly to the Board office.

Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Employer Name _____ Address _____ City _____ State _____ Zip _____ Name of Verifying CPA _____	Employment Dates: _____ to _____ <small>(MM/DD/YYYY) (MM/DD/YYYY)</small> Nature of Work: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Section 5: Personal References

List the names and current address of three responsible persons who:

- a) are not related to you,
- b) have known you for at least 2 years, and
- c) can attest to your professional qualifications.

If possible, the list should include a CPA. Complete the top portion of a Personal Reference Form (page 6) for each person.

Name	Address	City	State	Zip

Section 6: Affidavit

Have you ever had a CPA certificate, license or permit disciplined, denied, surrendered, suspended or revoked?

Yes* No

Have you ever been convicted of any crime or any other discreditable act?

Yes* No

* If you answered "yes" to either question above, provide a statement of explanation on a separate sheet of paper.

I hereby apply for a Certificate of Certified Public Accountant in the State of Minnesota. I understand that according to Minnesota Statutes and Rules, the act of filing this application shall constitute agreement upon my part to observe the Board's Statutes and Rules.

The statements given in this application are true and correct to the best of my knowledge and belief. I have not suppressed any information which may have bearing upon this application and I know of no reason why my application should not be approved.

Signature

Date

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF
 EXAMINATION AND CERTIFICATION INFORMATION**

Applicant: Please sign and date this form and send it to the state that has your exam scores or in which you have been licensed/certified.

Section A: Applicant Contact Information and Authorization

Name _____ Last 4 _____ Former Name _____
(First) (M.I.) (Last) (Suffix) of SS # xx-xxx- (if applicable)

Address _____ City _____ State _____ Zip _____

I am applying to the Minnesota Board of Accountancy for a Minnesota CPA license. I authorize the Verifying Board to provide any and all pertinent information requested.

Signature _____ Date _____

Verifying Board: Please complete **Sections B and C** and return to the Minnesota Board at the address above.

Section B: Examination Scores

(Please list all grades, including failing grades, recorded for the applicant)

Exam Date	AICPA ID#	Auditing and Attestation (AUD)	Business Environment and Concepts (BEC)	Financial Auditing and Reporting (FAR)	Regulation (REG)

Was the applicant ever denied admission to the exam? No Yes If Yes, explain _____
 Subjects for which candidate has been granted credit: None AUD BEC FAR REG

Section C: Certificate Status

CPA Certificate held by applicant is Original Reciprocal. Certificate # _____ Dated _____

Has the applicant successfully completed an AICPA Ethics Examination? Yes No

Does the applicant hold a CPA license/permit to practice public accounting from your Board and is it in good standing? Yes No

Has the applicant met all of the qualifications for licensure from your Board? Yes No

Please indicate the requirements in your state that must be met for issuance or reinstatement of a license (select all that apply):

- License/Permit not required Pay appropriate fees or post bond Complete acceptable accounting/auditing experience
 Complete CPE requirements Other (please specify) _____

Has your Board ever suspended or revoked the applicant's certificate, permit or license to practice? Yes No

Has the applicant ever been censured or reprimanded by your Board? Yes No

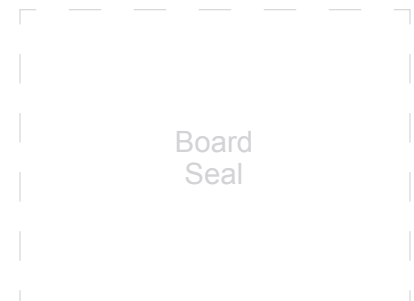
The information provided herein is correct to the best of our knowledge.

Name of State Board: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____



EXPERIENCE VERIFICATION FORM
(For CPA Application)

Applicant: Please complete **Part 1** for each verifying CPA you listed in "Employment History" on your application and send it to them.

Part 1 – To be completed by the applicant

Applicant Name _____
(First) (M.I.) (Last) (Suffix)

Employment Dates: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Company Name _____

Full Time Part Time* Temporary*

Company Address _____

*Number of hours of experience obtained, if employment was part time or temporary: _____

City _____ State _____ Zip _____

Describe, in detail, the nature of the work you performed including such factors as the complexity and diversity of the work performed:

Verifying CPA: Please complete **Part 2** of this form and return the form to the Board of Accountancy at the address listed above. **Do not return to the applicant. NOTE:** You must hold an **Active** or an **Inactive** license (from any jurisdiction) in good standing and have sufficient knowledge of the information provided above in order to serve as the verifying CPA.

Part 2 – To be completed by the CPA verifying the applicant's experience.

The above-named individual is applying for a CPA License. Please complete the following questions:

Do you believe the above information is accurate? Yes No*

Do you know of any reason the applicant should **not** be considered for a CPA license? Yes* No

Do you **recommend** the applicant for a CPA license? Yes No*

*If you checked a box with an **asterisk (*)** provide an explanation below or use the back of this form.

I have read the above and believe it to be true, correct and complete to the best of my knowledge. I understand that I may be asked to substantiate the basis for my verification.

Printed Name _____

CPA License # _____

Status: Active or
 Inactive

Signature _____

State Where Licensed _____

Date _____

MINNESOTA BOARD OF ACCOUNTANCY

85 East 7th Place, Suite 125

St. Paul, MN 55101-2143

Ph: 651-296-7938

Fax: 651-282-2644

boa.state.mn.us

**AUTHORIZATION TO RELEASE
APPLICANT INFORMATION
TO A THIRD PARTY**

THIS FORM IS NOT REQUIRED

Only complete this optional form if you intend someone other than yourself to contact the Board regarding the status of your application.

Minnesota law prohibits the Board from sharing any information regarding your application (prior to final licensure) with **anyone** other than yourself unless you submit this authorization.

AUTHORIZATION/RELEASE

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act** and authorize the Minnesota Board of Accountancy to provide information contained in my application materials, including any documents, to the following individual:

_____ Provide first and last name of third party who may receive information.

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

_____ Printed Name of Applicant

_____ Date

_____ Applicant Signature