

# MINNESOTA BOARD OF ACCOUNTANCY

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[boa.state.mn.us](http://boa.state.mn.us)

## APPLICATION FOR MINNESOTA REGISTERED ACCOUNTING PRACTITIONER (RAP) REGISTRATION INSTRUCTIONS

1. Complete your application thoroughly (attach additional pages as necessary).
2. Sign and date the application.
3. Include the \$50 application fee. Make checks payable to "Minnesota Board of Accountancy."
4. Submit a sealed copy of the Final Official Transcript(s) from your educational institution(s). 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.** Enclose it as sealed by the institution or have it mailed directly to us. (See **Minnesota Rules [1105.6700](#)** for education requirements.)
5. Enclose the **original** document listing your **[ACAT examination](#)** results. (See **Minnesota Rules [1105.6800](#)** for examination requirements.)
6. Complete Part 1 of the **[Experience Verification](#)** Form (page **2**) and have Part 2 completed by the verifying CPA(s) or RAP(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 **Minnesota Rules [1105.6900](#)**.
7. Mail the **application** (page **1**) and **fee** to the address above.

**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  
REGISTERED ACCOUNTING PRACTITIONER (RAP) REGISTRATION**

**Application Fee: \$50**

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

**Section 2: Education and Examination**

**Degree type (check one):**

Associate Degree or Diploma in Accounting

Equivalent Education consisting of 60 semester hours

**Name of College/University**

\_\_\_\_\_

\_\_\_\_\_

**Date you passed the ACAT Examination** \_\_\_\_\_  
(MM) (DD) (YYYY)

**Score:** \_\_\_\_\_

**Section 3: Affidavit**

Have you ever held a CPA certificate and/or similar license in Minnesota or any other state?  Yes\*  No

Have you ever been convicted of any crime or any other discreditable act?  Yes\*  No

\* If you answered "yes" to any of the above, provide a statement of explanation on a separate sheet of paper.

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

**EXPERIENCE VERIFICATION FORM**  
(For RAP Application)

**Applicant:** Please complete **Part 1** of the form and send a copy to the RAP(s) or CPA(s) verifying your experience.

**Part 1 – To be completed by the applicant**

Applicant Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Full Time  Part Time\*  Temporary\*

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

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

**Verifying RAP or CPA:** Complete **Part 2** 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 in good standing in the jurisdiction in which the applicant gained their experience and have sufficient knowledge of the information provided above in order to serve as the verifying CPA.

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

The above-named individual is applying for a RAP Registration. 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 registration as a RAP?  Yes\*  No

Do you **recommend** the applicant for registration as a RAP?  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 \_\_\_\_\_

RAP Reg. or CPA Certif. # \_\_\_\_\_

CPA Status (if applic):  
 Active  Inactive

Signature \_\_\_\_\_

State of Certification \_\_\_\_\_

Date \_\_\_\_\_