

2018 INDIVIDUAL RAP REGISTRATION RENEWAL

ALL individuals MUST RENEW by December 31, 2017
A \$50 delinquency fee is required for renewals postmarked after that date.

Send this form and your check (payable to **Board of Accountancy**) to the address above.
No cash, credit card, or bill pay. Renewals received without payment ENCLOSED will be returned.

If you have questions regarding your renewal, please call the Board office at 651-296-7938.

1. PERSONAL INFORMATION

Military Only ▶ If you are active duty or within 6 months of discharge from active duty, check box:

All Applicants ▶ What is your preferred “mail to” address? Home Business
▶ Check the appropriate box if you are: Not currently employed Retired

▼ **Provide Home and Work Contact Information**

If you are employed/self-employed, you must include **both** your home **and** work information.

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

Registration # _____ Employer Name _____

Home Phone _____ Work Phone _____

Home Address _____ Work Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

2. SELECT STATUS

Mark choice in first column. Pay the fee corresponding to your choice and when you are renewing.

✓	STATUS FOR 2018	RENEWAL FEE	
		Postmarked ON or BEFORE 12/31/17	Postmarked AFTER 12/31/17
	Active	\$100	\$150
	Surrender Registration	\$0	\$0

DATA PRACTICES ACT WARNING

The data you furnish on this form will be used by the Board to process your license renewal. 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 Statute §13.41, subdivision 2 (2017). All data except social security number become public record when licensure is granted pursuant to Minnesota Statute §13.41, subdivision 5 (2017).

3. Indicate your business/employer type:¹

- RAP Firm
 CPA Firm or Sole Proprietorship
 RAP Sole Proprietorship
 None of the above, and I do not provide compilation services.¹

If applicable, list name of RAP Sole Proprietorship: _____

¹ **Note:** All firms, including sole proprietors, engaged in providing compilation services for a client having its headquarters in Minnesota (as defined in [MN Rule 1105.4150](#)) or a firm with an office in Minnesota must obtain a [firm permit](#) and renew that permit every year.

4. CONTINUING PROFESSIONAL EDUCATION

Refer to [MN Rules 1105.3000 – 1105.3200](#) and [MN Rule 1105.7000.B](#) for CPE requirements and limitations.

A. Did you a) complete all CPE hours necessary to satisfy the current 1-year and rolling 3-year CPE requirements by or before June 30, 2017 and b) submit this renewal postmarked by or before December 31, 2107? Yes No

If **yes**, skip to [page 3](#) and list your CPE hours.

If **no**, review which **ONE** of the two situations below (**B** or **C**) applies to you. **ONLY ONE can apply.**

B. Did you complete ANY CPE AFTER July 1, 2017 (“carryback hours”) in order to satisfy the current 1-year or rolling 3-year CPE requirements?

If **yes**, review the chart to the right to determine your **LATE EARNING** noncompliance fee. Record the fee in **D** below. Your fee is determined by the month in which you **submit to the Board** the certificates of completion for the hours you carry back, not the month in which you earn the hours. (**Note:** Do not report here carryback hours you **already reported** to the Board.)

Month CPE Docs Submitted	Fee Amt
April 2018	\$275
May 2018	\$300
June 2018	\$325
July 2018	\$350

If **no**, review **C** below.

C. Did you complete ALL your required CPE BY OR BEFORE June 30, 2017, but failed to report it by or before December 31, 2017? (Note: If you already determined “B” applies to you, then “C” does not.)

If **yes**, review the chart to the right to determine your **LATE REPORTING** noncompliance fee. Record the fee in **D** below.

Month Renewal Submitted	Fee Amt
April 2018	\$125
May 2018	\$150
June 2018	\$175
July 2018	\$200

D. Record your CPE Fee: \$ _____

Correctly calculated, this fee **plus** your license fee from [page 1](#) is your **TOTAL DUE** to the Board.

After determining your fee (if applicable), list your hours in the CPE REPORTING TABLE on [page 3](#) (question 4, continued).

The fees listed on this page apply only to CPE for the current 1-year reporting cycle. If the CPE you report on [page 3](#) puts you out of compliance for a different reporting cycle, you may owe additional fees. Contact the Board for assistance.

4. (CONTINUED) CPE REPORTING TABLE

Provide your CPE hours for each fiscal year in the following tables. **Separate ethics CPE from general CPE.**

FISCAL YEAR 2015 (Hours completed July 1, 2014 to June 30, 2015)				
Type of Credits	Course Hours from Approved Sponsors (Not including self-study)	Self-Study Course Hours from a NASBA Approved Self-Study Sponsor	Course Hours from Non-Approved Sponsors (Not including self-study)	Total
General				
Ethics				
Total for fiscal year ending June 30, 2015				
FISCAL YEAR 2016 (Hours completed July 1, 2015 to June 30, 2016)				
Type of Credits	Course Hours from Approved Sponsors (Not including self-study)	Self-Study Course Hours from a NASBA Approved Self-Study Sponsor	Course Hours from Non-Approved Sponsors (Not including self-study)	Total
General				
Ethics				
Total for fiscal year ending June 30, 2016				
FISCAL YEAR 2017 (Hours completed July 1, 2016 to June 30, 2017)				
Type of Credits	Course Hours from Approved Sponsors (Not including self-study)	Self-Study Course Hours from a NASBA Approved Self-Study Sponsor	Course Hours from Non-Approved Sponsors (Not including self-study)	Total
General				
Ethics				
Total for fiscal year ending June 30, 2017				
Carryback hours used to satisfy the minimum requirements <i>(Include copies of certificates of completion for carryback hours.)</i>				
Grand Total for Three Years <i>(Must meet minimum requirement of 90 hours)</i>				

5. **Have you been convicted of a felony in the past year?** No Yes*
 *If **yes**, provide a statement of explanation on a separate sheet.

6. **Since your last renewal, have you had a RAP registration, license or permit disciplined, denied, surrendered, suspended or revoked?** No Yes*
 *If **yes**, provide a statement of explanation on a separate sheet.

7. **Read, sign and date the following:**

Affidavit: I swear or affirm that I have read the foregoing renewal application and that the information is true and complete.	
Signature	
Printed Name	Date