

**2024 INDIVIDUAL RAP REGISTRATION LATE RENEWAL**

**ALL individuals MUST RENEW by December 31, 2023**

Delinquencies fees are included in section 2 below; however, CPE fees may also apply. See pages 3-4.

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 box if you are:  Not currently employed

**▼ Provide Home and Work Contact Information**

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

Full  
Legal Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Registration # \_\_\_\_\_ Employer Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_  
(Provide street address) (Provide street address)

City \_\_\_\_\_ City \_\_\_\_\_

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

**2. SELECT STATUS**

Mark choice in first column. Enclose the appropriate fee with your renewal.

| ▼ Select                 | STATUS FOR 2024        | RENEWAL FEE IF POSTMARKED NO LATER THAN 12/31/2024 AND YOUR LICENSE EXPIRATION DATE |            |            |               |
|--------------------------|------------------------|---|------------|------------|---------------|
|                          |                        | 12/31/2023  | 12/31/2022 | 12/31/2021 | PRIOR         |
| <input type="checkbox"/> | Active                 | \$150   | \$200      | \$250      | Contact Board |
| <input type="checkbox"/> | Surrender Registration | \$0   |            |            |               |

**3. EMPLOYMENT: Indicate your business/employer type:<sup>1</sup>**

RAP Firm  CPA Firm or Sole Proprietorship

RAP Sole Proprietorship  None of the above, and I do not provide compilation services.<sup>1</sup>

If applicable, list name of RAP Sole Proprietorship: \_\_\_\_\_

<sup>1</sup> **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

Name \_\_\_\_\_

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

**A.** Since your last renewal, did you **a)** complete all CPE hours necessary to satisfy the 1-year and 3-year CPE requirements for each period **on time** and **b)** submit them to the Board **on or prior to** each period's reporting deadline?

Yes  No

(Note: If your license expired 12/31/2022 or earlier, your answer is "No.")  
If **yes**, skip to [page 3](#).

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

**B.** Since your last renewal, did you complete **any CPE after** the earning deadline for any period ("carryback hours") in order to satisfy the 1-year or rolling 3-year CPE requirements for that period?

If **yes**, review the chart at [boa.state.mn.us#cpechart](#). Your **LATE EARNING** noncompliance fee is in the **right** column. Select the correct period/year. This amount shown is only valid if you submit this renewal (including Certificates of Completion for your carryback hours) **postmarked by the month listed on the chart**. Fees increase \$25 per month. Record the fee in **D** below and enter the total number of carryback hours in the "Carryback Hours" section of page 4. (Note: Do not report carryback hours you already reported to the Board.)

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

**C.** Since your last renewal, did you complete CPE for any period **but failed to report it** on or before the reporting deadline?

(Note: If you already determined "**B**" applies to you, then "**C**" does not.)

If **yes**, review the CPE chart: [boa.state.mn.us#cpechart](#). Your **LATE REPORTING** noncompliance fee is in the **left** column for the applicable year(s) if your completed renewal is **postmarked by the month listed on the chart**. Fees increase \$25 per month.

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

**If you are out of CPE compliance for more than one reporting period, you owe the applicable fees for each period. See [boa.state.mn.us#cpechart](#).**

#### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for renewal. The data you furnish on the application will be used by the Board to assess your qualifications for renewal.

Minnesota Statutes §270C.72, Subd. 4 (2022) requires the Board to provide the Commissioner of the Minnesota Department of Revenue a list of all entities, including name, address, and Minnesota Tax ID number or FEIN, each calendar year for the purpose of identifying entities owing delinquent taxes. Until licensure is granted, all application data, except name and designated address, are private data pursuant to Minnesota Statutes §13.41, Subd. 2 (2022). All data become public record when licensure is granted pursuant to Minnesota Statutes §13.41, Subd. 5 (2022).

The Board will not share your private data with other persons or agencies unless it is required by law.

#### 4. (CONTINUED) CPE REPORTING TABLE

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

- You are required to report CPE for all three years in order to renew. However, if you have **previously reported** FY 2021 and FY 2022, you only need to report FY 2023 hours below.
- If carrying back hours, include the certificates of completion and CPE fee.
- You must separate **ethics** CPE from **general** (non-ethics) CPE.
- Self-study, nano-learning, and blended learning courses must be taken from a **NASBA Registry approved sponsor of that specific method**. Combine hours for all three methods (but separate general from ethics) and enter where indicated.

| FISCAL YEAR   | Type of Credits | COURSE HOURS                            |                       |   | Totals |
|---|-----------------|---|-----------------------|---|--------|
|   |                 | Approved Sponsors                       | Non-Approved Sponsors | Self-Study, Nano, Blended Learning from NASBA-approved sponsor for method |        |
|   |                 | No Self-Study, Nano or Blended Learning |                       |   |        |
| FY 2021<br>(July 1- June 30)                                      | General         |   |                       |   |        |
|   | Ethics          |   |                       |   |        |
|   | FY 2021 Total ▶ |   |                       |   |        |
| FY 2022<br>(July 1- June 30)                                      | General         |   |                       |   |        |
|   | Ethics          |   |                       |   |        |
|   | FY 2022 Total ▶ |   |                       |   |        |
| FY 2023<br>(July 1- June 30)                                      | General         |   |                       |   |        |
|   | Ethics          |   |                       |   |        |
|   | FY 2023 Total ▶ |   |                       |   |        |
| <b>CARRYBACK HOURS</b> (See <a href="#">page 2</a> instructions): |                 |   |                       |   |        |
| <b>CPE GRAND TOTAL</b> (90 hours, of which 4 must be ethics):     |                 |   |                       |   |        |

5. **Since you last renewal, have you been convicted of crime or any other discreditable act?**

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, surrendered, suspended or revoked?**

No  Yes\*

\*If **yes**, provide a statement of explanation on a separate sheet.

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

|  |      |
|--|------|
| I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand. |      |
| Signature  |      |
| Printed Name   | Date |