

**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 Section A of that form and send it 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 \(For Licensure\)](#) 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 to the Board any transcripts needed to document **all** 150 semester (225 quarter) hours of qualifying education required for licensure. **Do not open the transcript record**. Send it as sealed by the institution or have it mailed directly to us. List **all** institutions for which the Board will receive transcripts on page 1.  
**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.

**Once all of the required documentation is received,  
your application will be reviewed at the Board’s [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 information, we cannot respond to questions specific to your application via email.)

**NOTICE OF COLLECTION OF PRIVATE DATA**

In accordance with the Minnesota Government Data Practices Act (MN Statute §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 licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2018) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, subdivision 2 (2018), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

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

**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**

**Military Only** ▶ If you or your spouse are an active duty military member or if you have left service in the last two years with an honorable or general discharge, check box:

▼ **All Applicants: Provide home and work contact information and other details**

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

Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Former Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender:  Male  Female  
(if applicable) (MM) (DD) (YYYY)

Preferred "mail to":  Home  Business

Employer Name \_\_\_\_\_

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

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_  
(No PO Boxes) (No PO Boxes)

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 If yes, specify when: \_\_\_\_\_

Date you passed the CPA Examination: \_\_\_\_\_ As a candidate for which state? \_\_\_\_\_  
(MM) (DD) (YYYY)

**SECTION 2: EDUCATION**

See step 6 on the [Instructions](#) page.

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

See step 5 on the [Instructions](#) page. Complete the top portion of a Personal Reference Form (page 4) 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 a 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 license as a 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 complete **Section A** and send this form to the state that has your exam scores or in which you have been licensed/certified.

**Section A: Applicant Contact Information and Authorization**

Legal Name \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) (Last) \_\_\_\_\_ (Suffix) Last 4 of SS # xx-xxxx- \_\_\_\_\_ Former Name \_\_\_\_\_ (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

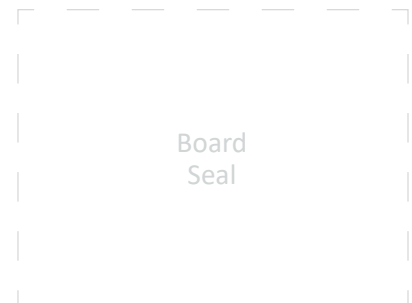
**The information provided herein is correct to the best of our knowledge.**

Name of State Board: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## EXPERIENCE VERIFICATION FORM (CPA LICENSURE)

**Applicant:** Use a separate form for each employer/verifying CPA listed in the “Employment History” section of your application. Complete **Part 1** and send to the verifying CPA, who is to complete Part 2 and return this form directly to the Board office (see address above). You may wish to provide the verifying CPA with a stamped and addressed envelope for this purpose. **NOTE:** The Board calculates your experience based on the **earliest** of these dates: employment end, verifying CPA signature, or date the form is received by the Board.

### 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\*

\*Total hours, if part time or temporary: \_\_\_\_\_

Detailed description of your tasks performed, including such factors as the complexity and diversity of the work:

**Verifying CPA:** Please complete **Part 2** and return this 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 CPA verifying the applicant’s experience.

The above-named individual is applying for a CPA license. Please answer 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 any of the boxes 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

