

**APPLICATION FOR MINNESOTA  
REGISTRATION AS AN ACCOUNTING PRACTITIONER (RAP)  
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. Transcripts may also be emailed from the institution to [boa@state.mn.us](mailto:boa@state.mn.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.)

**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 registration. The data you furnish on the application will be used by the Board to assess your qualifications for registration. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your registration.

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/registration in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, subdivision 4 (2020) 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 (2020), all application data, except name and designated address, are private data until registration is granted. When registration is granted, all data, except social security number and non-designated address, 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 or court order.

**APPLICATION FOR MINNESOTA  
REGISTERED ACCOUNTING PRACTITIONER (RAP) REGISTRATION**

**Application Fee: \$50**

**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.

Full 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 \_\_\_\_\_

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 awarding degree:**

\_\_\_\_\_

\_\_\_\_\_

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

**SECTION 3: SIGNATURE**

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 a crime or 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. 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 Date

## EXPERIENCE VERIFICATION FORM

(For RAP Application)

**Applicant:** Use a separate form for each employer/verifying RAP(s) or CPA(s). Please complete **Part 1** of the form and send a copy to the RAP(s) or CPA(s) verifying your experience, 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 RAP(s) or CPA(s) 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 RAP(s) or CPA(s) signature, or date the form is received by the Board.

### PART 1 – To be completed by the applicant

Full Legal 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 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** CPA license or a RAP registration 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 RAP/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. 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.**

CPA Status (if applic):  
Printed Name \_\_\_\_\_ RAP Reg. or CPA Certif. # \_\_\_\_\_ Active Inactive

Signature \_\_\_\_\_ State of Certification/Registration \_\_\_\_\_ Date \_\_\_\_\_