

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY

John O. Pastore Center  
1511 Pontiac Avenue, #68-1  
Cranston, Rhode Island 02920

**PLEASE READ THE FOLLOWING INFORMATION**

Chapter 5-3.1 of the General Laws, as amended, requires an annual license/permit by all persons practicing public accounting in the State of Rhode Island.

An **INDIVIDUAL** application for a permit to practice public accounting for the period of July 1, 2008 to June 30, 2009, 2010 or 2011 (depending on your last name, i.e., **A-E - \$125.00; F-M -\$250.00 or N-Z - \$375.00**) is below. Make certain that **all data** required is noted on the application, including CPE hours on the **back** and that the **original** form is returned to the office of the Rhode Island Board of Accountancy, together with the appropriate application fee, payable to **General Treasurer, State of Rhode Island**.

The application must be **completed in its entirety**, which includes cumulative CPE. **Spreadsheets will not be accepted. All CPE must be coded as listed on the application itself or the application will be returned as incomplete. A minimum of 120 credits is mandatory. CPE is based on calendar year, while licensing period is fiscal year.**

**Code 1\*** (self-study) cannot exceed **80** hours (over the three-year renewal period). **Certificates of completion of self-study courses reported must be submitted along with the application.**

**Code 2\*** (formal teaching as instructor or speaker (yourself) and publication of professional books or articles written) cannot exceed **20** hours per year (or **60** hours over the three-year renewal period). Repeated presentations of the same subject matter will not be recognized for CPE credit.

**Code 3** (Practice Development and Management Skills, or non-accounting courses) cannot exceed **8** hours per year (or **24** hours over the prior three-year renewal period).

**Code 4\*** (other CPE) this would include any CPE not indicated in codes 1-3.

**A&A** (coded as 1-4) (minimum requirement for **Accounting and Auditing is 8** hours per year (or **24** over the prior three- year period). **It is mandatory** that **A&A** courses included in codes 1-4 must also be listed as **A&A**. **Taxation** courses are **not** considered accounting and auditing. Please refer to regulations at [www.dbr.state.ri.us](http://www.dbr.state.ri.us), under Board of Accountancy, Regulations Concerning Professional Conduct for clarification of mandatory CPE.

**Ethics** A minimum of six (**6**) hours of the one hundred twenty (**120**) hours required hereunder shall be devoted to professional ethics.

\* **All subject matter is conditional on limitations in Practice Development and Management Skills**

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For Board Use Only
Date Rec'd \_\_\_\_\_
Check No. \_\_\_\_\_
Amount \_\_\_\_\_
P or B LF \_\_\_\_\_

APPLICATION FOR INDIVIDUAL
OUT-OF-STATE PERMIT TO PRACTICE
PUBLIC ACCOUNTING

1. Full name (print) \_\_\_\_\_ Email \_\_\_\_\_
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_
Employer Name \_\_\_\_\_ Phone \_\_\_\_\_
Employer Address \_\_\_\_\_
Preference for mailings (check one) residence ( ) business ( ) \*SS number: \_\_\_\_\_

2. List all other states in which you hold or have made application for a permit/license to practice public accounting
\_\_\_\_\_

3. Have you ever had a professional or vocational license suspended or revoked by the State of Rhode Island or any other state or foreign country? Yes ( ) No ( ) (If yes, please detail on separate sheet.)

4. Are you engaged in the practice of public accounting in the State of Rhode Island? Yes ( ) No ( )

If so, please answer the following:

a. Name of practice unit \_\_\_\_\_

b. The practice unit is composed of (check one) ( ) Certified Public Accountants ( ) Public Accountants

Note - Every practice unit must file a separate Practice Unit Application with the Board.

I hereby certify that this practice unit does \_\_\_\_\_ does not \_\_\_\_\_ perform accounting or auditing engagements including, but not limited to, attest services, audits, reviews, compilations, forecasts, projections or other special reports.

I hereby certify that I am the holder of an unrevoked and unsuspended Certificate/Authority No. \_\_\_\_\_, issued to me by the Board of Accountancy of the State of \_\_\_\_\_ on \_\_\_\_\_ (date of issuance). I have never been convicted by any court of a felony or a crime involving moral turpitude. I further certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this application, including completion of the CPE courses set forth on the reverse side of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Enclose a check or money order for the appropriate fee (please refer to information above) payable to GENERAL TREASURER, STATE OF RHODE ISLAND. Copies of certificates of completion for self-study courses reported on the reverse side of this form must be submitted with this license application. Course description must be submitted along with title. Lack of information will result in tabling of approval by the Board. CPE is based on calendar year, licensing is fiscal year. A minimum of 120 CPE credits is required.

PLEASE NOTE: YOU WILL NEED TO CONTACT THE STATE BOARD IN WHICH YOU HOLD A VALID LICENSE AND HAVE VERIFICATION SENT TO THE RHODE ISLAND BOARD OF ACCOUNTANCY TO CERTIFY THAT YOUR LICENSE IS CURRENT AND IN GOOD STANDING.

Please log on to www.dbr.state.ri.us for CPE regulations.

\* For explanation of SS# requirement, go to www.rilin.state.ri.us/statutes/title5/5-76/INDEX.HTM





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**REQUEST FOR VERIFICATION OF LICENSURE OR CPA EXAM GRADES**

**Instructions for Applicant:** Complete the section below indicating your full name and address of the State Board, which issued your original certificate. **Please mail this form to the State Board under which jurisdiction you sat for the Uniform CPA Examination. This state board will return this information directly to the State of Rhode Island.**

NAME: \_\_\_\_\_  
(Type or print your full name, no initials)

TO STATE BOARD OF ACCOUNTANCY OF: \_\_\_\_\_  
(State Board, which issued your original certificate)

STATE BOARD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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**Instructions for Accountancy Board Staff:** Please complete this request for verification and return it directly to the Rhode Island Board of Accountancy at the above address.

The individual noted above holds an original certificate as a certified public accountant (circle) Yes No

Certificate Number \_\_\_\_\_ Date issued \_\_\_\_\_

He/she is \_\_\_\_\_ is not \_\_\_\_\_ currently licensed to practice. Expiration date \_\_\_\_\_

The individual noted above passed the Uniform CPA Examination: (Please circle applicable number)

1. Prepared and graded by the American Institute of Certified Public Accountants
2. Prepared and graded by this Board
3. Prepared by the American Institute of Certified Public Accountants and graded by this Board
4. Other: \_\_\_\_\_

EXAM DATE	EXAM ID NUMBER	AUD	BEC	FAR	REG

2.

Has this individual successfully completed the AICPA Ethics Self-Study Examination with a grade of 90% or better?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

Has this individual's Certificate or License ever been suspended or revoked?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If yes, please indicate the reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ State Board

Completed by: \_\_\_\_\_  
Name

\_\_\_\_\_ Position

\_\_\_\_\_ Date

**BOARD SEAL**



On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me, a notary public  
in and for said County and State, \_\_\_\_\_,

to me known to be the person described in and who executed the foregoing instrument and acknowledged that

\_\_\_\_\_ executed such instrument as \_\_\_\_\_

free act and deed.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_



# Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

*Please return this affidavit along with your license application to practice to: RI Board of Accountancy, 233 Richmond St., Providence, RI 02903*

## Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy.  
(Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional Licensee for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date