

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY

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

APPLICATION FOR A RECIPROCAL CPA CERTIFICATE

Date: _____

To the Rhode Island Board of Accountancy:

I hereby make application to be examined by the Rhode Island Board of Accountancy for a certificate entitling me to practice, be known and styled as a Certified Public Accountant in the State of Rhode Island under the Rules adopted by the Board of Accountancy and in conformity with Chapter 5-3 of the GENERAL LAWS. *Please note that this application is to be used only if you reside or are employed in the State of Rhode Island.*

I have read the above-mentioned General Laws and Rules of the Board - YES _____ NO _____

I understand the issuance of a reciprocal certificate as herein applied for is within the discretion of the State Board of Accountancy.

The application fee is variable depending on the time frame in which this application is submitted. Please send an email inquiry to the office of the RI Board of Accountancy (boa@dbr.ri.gov) to determine the current fee for your alphabetical licensing group. Checks or money orders must be made payable to General Treasurer, State of Rhode Island and please submit the following facts, which you believe, establish your qualifications under the Laws and Rules of the Board.

1. Full Name: _____ E-mail: _____

2. Date and place of birth: _____

3. Citizen of the United States by Birth? _____

4. Residence Address: _____

5. Residence for past 3 years _____

6. Education:

University or College attended or special courses taken	Location	Period of Attendance	Date of Graduation	Degree

Applicant must file record or evidence of completed study resulting in a Baccalaureate degree from an accredited college or university (see educational requirements to sit at www.dbr.ri.gov . A copy of college diploma and an official transcript (with seal) of grades received are required to be attached. If you have an M.B.A., an M.S. in Accounting or a Masters in related curricula, a copy of the transcript and diploma should also be attached.

Applications lacking educational evidence or other information requested will not be accepted.

Copies of certificates of completion for self-study courses reported must be submitted for continuing professional education (CPE).

Please submit your data all together rather than have information submitted to the Board separately. A 2" x 2" picture taken within one year is also required.

The Board will also require verification of your grades on the Uniform CPA Examination from the State Board location of where you successfully completed the exam, as well as all other states where you took the examination. Please send the verification to the jurisdiction in which you sat for the exam. That Board will return the verification directly to the Rhode Island Board of Accountancy. Verification of a current license is also required.

In addition to the above, proof of passage of the AICPA Ethics Examination (comprehensive course) must be submitted with this application. If you have not taken this examination, you will find information below.

7. Number years of full-time practice in public accounting _____

8. Location in Rhode Island for the regular transaction of business as a public accountant _____

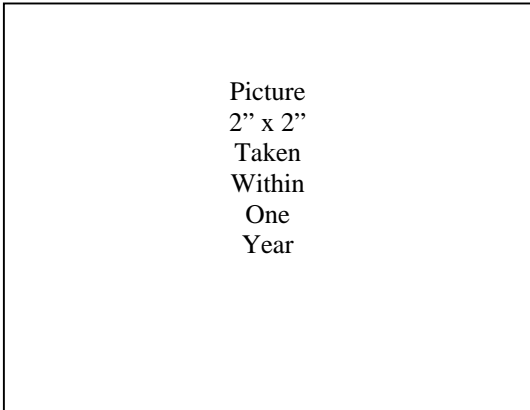
9. Business experience since leaving school (state nature of work, name of employer, and periods of service, month and year). Do not include Public Accounting experience, which is covered in item No. 10.

Rank or Nature of Work	From	To	Employer	Employer's Address

10. Practical experience in Public Accounting (state rank or nature of work: name of employer, if employer is a CPA. or Public Accountant; period of service, month, day and year). Attach endorsements from previous three employers. Applicants practicing As Public Accountants on their own account must submit letters from not less than 3 clients describing the nature of , and period covered by, the services rendered.

Rank or Nature of Work	From	To	Employer	CPA or PA	Employer's Address

11. I am the holder of an unrevoked and unsuspended authority to practice as a Public Accountant, No. _____
 Issued to me by the _____ Board of Accountancy, dated _____



12. Personal references. Submit the names of three reputable citizens who have known you for more than three years and who are not related to you. Attach individual letters from each reference attesting to your moral character and general reputation in the community.
13. Have you ever been convicted of a felony or misdemeanor or declared by any court of competent jurisdiction to have committed fraud? Answer in your own handwriting. _____

If yes, explain _____

I hereby certify that I am a person of good moral character and that I have never been convicted by any court of any crime involving moral turpitude; that I have made each and all of the statements in this application voluntarily and as a means of placing my qualifications before the Board.

Date: _____ Signature of applicant _____

Mailing Address _____

STATE OF RHODE ISLAND)
) ss.
COUNTY OF)

On this _____ day of _____, in the year _____ before me personally
appeared _____

well known to me, and who signed the above application, and who being duly sworn, declared that the statements therein made were true and correct to the best of his/her knowledge and belief.

Notary Public

(notary seal)

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BOARD OF ACCOUNTANCY

1511 Pontiac Avenue, #68-1
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Dear Permit Holder:

The Regulations of the Rhode Island Board of Accountancy for the Fulfillment of the Public Accounting Experience Requirement mandate that all applicants for the Certificate of Certified Public Accountant submit evidence of public accounting experience, as set for in the Regulations. Please log on to www.dbr.ri.gov and scroll to Board of Accountancy for current regulations.

An applicant has requested that you verify his/her employment experience. Please review the regulations at the above web site, and complete the enclosed form, which should be returned directly to the Rhode Island Board of Accountancy, at the above address.

Please note that the Board may request verification of the applicant's experience (Regulations 2.3.2 and 2.3.4). Also, an employer who refuses to submit verification of experience may be required to submit an explanation to the Board stating reasons for the refusal (Regulation 2.3.1).

Thank you for your anticipated cooperation.

Very truly yours,

RHODE ISLAND BOARD OF ACCOUNTANCY

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EXPERIENCE VERIFICATION

APPLICANT INFORMATION: (PLEASE TYPE OR PRINT)

NAME: _____

RESIDENCE ADDRESS: _____

_____ Tel. No. _____

E-mail _____

CURRENT EMPLOYER & ADDRESS: _____

_____ Tel. No. _____

EMPLOYER INFORMATION: (PLEASE TYPE OR PRINT)

NAME OF FIRM OR PERMIT HOLDER: _____

PERMIT NUMBER: _____ EXPIRATION DATE OF PERMIT: _____

BUSINESS ADDRESS: _____

_____ Tel. No. _____

INCLUSIVE DATES OF APPLICANT'S EMPLOYMENT: FROM _____ TO _____

INDICATE FULL OR PART-TIME EMPLOYEE _____

SEE BELOW

1. WITH RESPECT TO THE TYPES OF EXPERIENCE, PLEASE DESCRIBE THE NATURE AND DUTIES OF THE APPLICANT'S EMPLOYMENT, REFERENCING THE REGULATIONS OF THE RHODE BOARD OF ACCOUNTANCY FOR THE FULFILLMENT OF THE PUBLIC ACCOUNTING EXPERIENCE REQUIREMENT. THIS INFORMATION CAN BE FOUND AT WWW.DBR.RI.GOV

2. TOTAL HOURS OF EXPERIENCE _____

I HEREBY VERIFY THAT THIS APPLICANT HAS COMPLIED WITH THE REGULATIONS FOR THE FULFILLMENT OF THE PUBLIC ACCOUNTING EXPERIENCE REQUIREMENT, ARTICLE 11 2.1.1, AT THE ABOVE REFERENCED WEB SITE, AND HAS GAINED A MINIMUM OF ONE-YEAR EXPERIENCE AND A MINIMUM OF 1,820 HOURS.

SIGNATURE OF CPA

DATE

PLEASE PRINT NAME CLEARLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND BOARD OF ACCOUNTANCY
1511 Pontiac Avenue
Cranston, Rhode Island 02920

APPLICATION FOR TRANSFER OF EXAMINATION GRADES

Applicant's name: _____

E-mail: _____

To the State Board of Public Accountancy:

I hereby make application for the transfer of credit for subjects passed in the Uniform CPA Examination taken in _____

Name of State

Signature

Date of Birth: _____

Social Security Number: _____

PLEASE DO NOT WRITE BELOW THIS LINE

This certification must be sent to the State jurisdiction in which the CPA Exam was taken. That State will return the exam grade verification directly to the office of the RI Board of Accountancy. You will need to inquire if there are fees for this verification.

STATE _____

This is to certify that _____ sat _____ times for the certified public accountant examination(s) in the State of _____. The grades were as follows: (as reported by the AICPA, or, if not, indicated by asterisk and explained below)

DATE	I.D. NO.	AUD	BEC	FAR	REG

Please indicate if this individual is currently licensed Yes No

Expiration date of license _____

Signature of Authorized Individual/Title: _____

STATE
SEAL

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Dear Applicant:

Below you will find an order form for the Professional Ethics Manual. In addition to the experience requirements, the successful passage of the Ethics Exam is a requirement in order to be considered for certification by the Rhode Island Board of Accountancy. This is an open book exam and may be taken at home. Please follow instructions on the order form and retain the information until you receive your manual.

Also, below you will find the application for issuance of a certificate of certified public accountant. In addition, you will find the form to be submitted to the Board of Accountancy for verification of your employment experience and a cover letter to be provided to your employer. Please log on to www.dbr.ri.gov at the Rhode Island Board of Accountancy for the Fulfillment of the Public Accounting Experience Requirement. *

Please complete the application form and return it to this office. Also, please complete the top section of the Experience Verification form, present it to your employer with the cover letter and copy of the Regulations and request that it be completed and returned directly to the Board.

Your application for a certificate will be considered upon receipt of the following:

- (1) the completed application form
- (2) the verification of your experience by your employer
- (3) verification by the Board of your successful completion of the Ethics examination

Very truly yours,

RHODE ISLAND BOARD OF ACCOUNTANCY

*You may make as many copies of the forms, letters and Regulations as are needed.

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TO TAKE THE AICPA PROFESSIONAL ETHICS EXAM:

Visit AICPA online at www.aicpa.org
Or call 1-888-777-7077

IMPORTANT NOTICE TO ALL **RHODE ISLAND** CANDIDATES

Please retain these instructions for your reference

Upon receipt of your AICPA Ethics Manual, please note instructions for **Block N** – located on the back of your answer sheet

Block N is to be completed by examinees taking Professional Ethics for **Initial or reciprocal certification**

If Block N is not completed, you may be notified of successful completion of the Ethics Exam, however, please be advised that a grade of 90% is required in order to be considered for certification by the Rhode Island Board of Accountancy

