

INFORMATION & INTRUCTIONS FOR CPA CERTIFICATION BY NEVADA EXAMINEE

This application is for CPA Licensure by Original Certification based on an applicant's passing the CPA Examination as a Nevada CPA Exam Applicant.

Please review the enclosed instructions carefully. If you have any questions or require assistance with regard to the application process do not hesitate to contact the board office. Items will be recorded in your file as they are received. Board staff will **not** contact you regarding items outstanding from your file; you should maintain contact with the board office for the status of your file

STEP 1 - APPLICATION/FEEES

Complete the application in full that includes notarization.

Application fee of \$240
Check to Nevada State Board of Accountancy or
Complete Credit Card Form

STEP 3 – ETHICS EXAMINATION

Nevada requires an applicant to pass an examination in professional ethics. Evidence of a passing score taken within the past 3 years must be provided. Attendance at a seminar will not qualify toward this requirement.

STEP 2 – EXPERIENCE

Please visit the Boards website for detailed information on the type of experience required for Nevada licensure:

An applicant must have at least 2,000 hours of work with increasing levels of complexity and diversity, performed over a period of not less than 1 year in industry, public practice, government or a nonprofit organization.

Have your employer, past employer or partner sign the applicable Experience Form (**Experience forms available on our website**)

If your experience does not include CPA supervision an applicant may request an Individual Review until 12/31/2024 as this program will no longer be available after that time. Please contact the board office for more information relating to your specific situation.

STEP 4 - EDUCATION

You must request Official Transcripts verifying your education, to be sent directly from your college or university, unless transcripts already on file evidence the 150- hour education requirement has been met.

Note:

Exam - The education to sit for the examination is a 4 year degree with specific accounting courses.

Licensure – The education to be licensed is a 4 year degree with specific accounting courses and a semester total of 150 hours.

STEP 5 – FINGERPRINT CARDS

As provided in NRS 628.190 the Nevada Board of Accountancy is mandated to conduct an Investigation of Criminal History on all applicants for CPA Certification.

Please complete TWO (2) fingerprint cards. All cards must be printed or typed in **BLACK INK** only. Do not bend cards where fingerprints are to be placed.

Make sure both fingerprint cards are complete with all personal information such as sex, height, weight, social security number etc. Incomplete cards will be returned which will delay the processing of your application.

Most law enforcement agencies will conduct the fingerprinting process. A fee will be charged per card.

Return both fingerprint cards with your application to the Nevada Board of Accountancy.

Electronic Fingerprinting:

You can also choose to have electronic fingerprints submitted. Please visit our website for a list of approved private fingerprint sites and for additional forms and instructions. Electronic fingerprinting must be done in Nevada. Other States are not allowed to transmit electronic fingerprint information.

FINGERPRINT BACKGROUND WAIVER FORM

Please fill out the fingerprint background waiver form and date on or before the date you are fingerprinted.

STEP 6 – CHARACTER REFERENCES

Submit a moral character reference form to three individuals that are familiar with your moral character. A relative of the applicant should not sign the form. The form may be sent with your application or directly from the individual signing form.

(See Enclosed Form)

SEND ALL MATERIALS TO:

**Nevada State Board of Accountancy
1325 Airmotive Way, Suite 220
Reno, Nevada 89502**

If you require additional information you may contact the board office at:

Website www.nvaccountancy.com

Telephone (775) 786-0231

Fax (775) 786-0234

Email cpa@nvaccountancy.com



NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 * Reno, NV 89502 * (775) 786-0231

APPLICATION FOR CPA CERTIFICATION NEVADA EXAMINEE

Biographical Information

Last Name	First Name	Middle Name
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List all other previous names or indicate NONE

Social Security Number Or ITIN#	Date of Birth	Place of Birth
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Mailing Address Check if you wish to receive mail at this address

Street or P.O. Box

City	State	Zip Code
------	-------	----------

Telephone	Fax
-----------	-----

Email Address

Employer Address Check if you wish to receive mail at this address

Employer Name

Street or P.O. Box

City	State	Zip Code
------	-------	----------

Telephone	Fax
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Name for Certificate

If I am certified, I want my name to appear on the certificate as follows:

Fees:
Check or
Credit Card
\$240

Received _____ Check/Credit Card _____ Amount _____

Felony Conviction/ Criminal History Statements

Please read and answer the following questions.

Have you ever had any professional or vocational license denied, suspended, revoked, or a citation issued by any state or foreign country? **YES NO**

Have you ever been found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense other than a minor traffic violation whether or not the sentence was imposed, including suspended Imposition of sentence or suspended execution of sentence? **YES NO**

Have you ever been disciplined by any jurisdiction, the AICPA or state CPA Society? **YES NO**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic accident? **YES NO**

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION SHEET AND ANY RELEVANT DOCUMENTATION CONCERNING THE MATTER.

Experience

Please review instructions regarding Nevada's experience requirement

List employment information obtained that qualifies toward your accounting credentials.

Employers Name _____

Position Held _____

Dates of Employment From _____ To _____

Employers Name _____

Position Held _____

Dates of Employment From _____ To _____

Education

Have you completed a 4-year degree that includes the specific accounting courses and 150 semester total hours listed on a transcript from an accredited college or university? **YES NO**

Ethics

Examination

Attach evidence of passing an ethics examination within the past 3 years.

Have you passed an examination in ethics and or/professional conduct within the past 3 years? YES NO

Course/Examination Name Provider Grade Date Passed (Month/Year)

Moral Character References

References should be from business or professional individuals and must not be relatives. Please submit a Moral Character Reference Form to all persons listed

Name & Mailing Address _____

Name & Mailing Address _____

Name & Mailing Address _____

**Federally
Mandated
Questions**

NRS 628.034 & 628.035 mandates the Board to include this information on every application for CPA Certification. **Failure to mark ONE of the three statements will result in the rejection of your application.**

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order.

_____ I am subject to a court order for the support of one or more children and an **NOT** in compliance with the order.

**Military/
Veteran
Information**

Nevada law mandates that we request information pertaining to military service on every application for CPA Certification.

Have you ever served in the Military _____ YES _____ NO

Branch(es) of Service: _____

Dates of Service: _____

Are you the Spouse of an **ACTIVE** Military Member? _____ YES _____ NO

Affidavit

I, _____ (applicant), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the Nevada State Board of Accountancy to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the Nevada State Board of Accountancy, I hereby release, discharge, and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided or the Nevada State Board of Accountancy has obtained.

Applicant's Signature

Date

Notarization

State/Province or Country of: _____

County of: _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, _____.

Notary Public Signature: _____

My Commission Expires: _____



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ETHICS EXAMINATION REQUIRED

Name of CPA Applicant

Nevada requires an applicant for certification to pass an examination in professional ethics. Evidence of a passing score taken within the past 3 years must be provided to the board office. Attendance at a seminar will not qualify toward this requirement. Nevada will accept courses provided by the various state boards or the AICPA.

If you have not taken an ethics examination or the last one taken is over 3 years old, you will be required to complete an ethics examination.

The examination may be ordered through any CPE Course provider that has an ethics course that includes an ethics examination.

Upon completion of the ethics examination, results should be sent to the board office from the provider or the applicant.

Please note: your application for certification will not be reviewed by the board until evidence of completion of the ethics examination is received.

Date Ethics Examination Completed: _____

Grade Received: _____

Provider: _____

Certificate Attached: _____ YES _____ NO



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Fax (775) 786-0234

cpa@nvaccountancy.com

www.nvaccountancy.com

Electronic Fingerprinting

Fingerprint Technician: Please request valid identification from applicant.

Applicant: Provide this form to the fingerprint technician at the time fingerprints are taken.

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth _____ Place of Birth _____

SSN _____ Citizenship _____

Sex _____ Race _____ Hgt. _____ Wgt _____ Eyes _____ Hair _____

Reason: NRS 628.190

ORI: NV920450Z

Acct#: 880572

The above-named individual was finger-printed and the results will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the Nevada State Board of Accountancy.

Applicant: Please submit this receipt with your application.

Signature of person taking fingerprints

Date



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

The Nevada State Board of Accountancy

1. You must be notified by _____
(name of requesting agency) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize The Nevada State Board of Accountancy (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

ADDRESS:

PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency:

The Nevada State Board of Accountancy

Address:

1325 Airmotive Way, Suite 220

Reno, NV 89502

Agency Representative:

PLEASE PRINT

Walsh

_____ Last Name

Leslie

_____ First Name

C.

_____ Middle

Agency Representative Signature: _____

Date: _____



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MORAL CHARACTER REFERENCE FOR CERTIFIED PUBLIC ACCOUNTANT

Name of CPA Applicant

A responsible individual that is familiar with the moral character of the applicant should sign this certificate. The form should not be signed by a relative of the applicant, or by a person who maintains any financial or business relations with the applicant, except that of a client or employer. Please sign and mail to the above address.

To be completed by the individual completing the Moral Character Reference form:

Name

Mailing Address

Telephone Number

I have known the above applicant for approximately _____ years.

Relationship to applicant _____

This is to certify that I am personally acquainted with and that to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen. I recommend the applicant as entirely worthy to be certified, as a public accountant should the other requirements prescribed by law be met.

I am willing to answer any questions which you may ask in regard to the applicant and will treat the same as strictly confidential.

Endorsee Signature

Date



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Name

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Telephone Number

I have known the above applicant for approximately _____ years.

Relationship to applicant _____

This is to certify that I am personally acquainted with and that to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen. I recommend the applicant as entirely worthy to be certified, as a public accountant should the other requirements prescribed by law be met.

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EXPERIENCE VERIFICATION

FULL NAME OF: APPLICANT	_____	_____	_____	_____
	First	Middle	Last	(Prior Name)

PERIOD OF EMPLOYMENT

An applicant must have at least 2,000 hours of work with increasing levels of complexity and diversity, performed over a period of not less than 1 year in industry, public practice, government or a nonprofit organization, where the applicant provides any type of professional service or advice using accounting, attestation, compilation, management advisory services, financial advisory services or tax consulting.

To satisfy the requirements for experience all work must have been performed under the direct supervision of a person engaged in active practice as a certified public accountant.

FULL TIME	
From _____	To _____
Mo Day Yr	Mo Day Yr

PART TIME	
From _____	To _____
Mo Day Yr	Mo Day Yr
Total Number of Hours of Part Time Employment	

The applicant's experience is in the following area:

_____ Public Accounting _____ Industry _____ Governmental

Describe the type of work that was performed - attach additional pages if further explanation is needed.

By submission of this form, you are consenting to the Board's review of the underlying records of the organization upon which the experience is based.

NOTE: Licensee signing this form must have sufficient knowledge through supervision or systems to certify as to the applicant's experience.

Responsible CPA _____ Title: _____

CPA Certificate Number: _____ State of Issuance: _____ Issue Date: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____

I certify that all representations I have made are true and complete in every respect under penalty of perjury. I hereby authorize the Nevada State Board of Accountancy to make inquiries, as it deems necessary, to verify the accuracy and completeness of all representations made. I hereby release, discharge and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided, or the Nevada State Board of Accountancy has obtained.

Signature of person verifying the experience of applicant

Date