

INFORMATION & INSTRUCTIONS FOR CPA CERTIFICATION BY RECIPROCITY

Reciprocity is the application for certification based on information provided to the Nevada board that you have met Nevada's requirements for licensure.

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. A file is established upon receipt of the application, items will be recorded as they are received. Board staff will **not** contact you regarding items outstanding from your file; you can monitor the status of your application on the Board's website.

APPLICATION/FEES

Complete the application in full, attach a photograph and submit the \$240 fee.

You can pay the fees by sending a check, or pay by credit card using the credit card payment form.

SEND ALL MATERIALS TO:

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

The forms and information can also be sent via email to cpa@nvaccountancy.com

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.

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. You must have the fingerprint technician sign the electronic fingerprint form. Return this form to the Board office.

Fingerprint Cards:

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.

FINGERPRINT BACKGROUND WAIVER FORM

Complete the fingerprint background waiver form and date on or before the date you are fingerprinted.

Return this form to the Board office along with either the (1) Electronic Fingerprint Form or (2) Fingerprint Cards

HAVE YOU BEEN LICENSED 4 OR MORE YEARS IN THE TEN-YEAR PERIOD PROCEEDING THIS APPLICATION?

If YES – Transcripts will NOT be required.

If NO – You will need to have transcripts sent from your university showing you have met Nevada's education.

EDUCATION

You must request Official Transcripts verifying your education, to be sent directly from your college or university.

Nevada's education requirement varies based on the date in which you conditioned or passed the CPA Examination.

The education requirement from 1971 to 2001 required a 4-year degree with a major in accounting or an equivalency to an accounting major. Please contact the board office for clarification of equivalency courses.

The education requirement from 2001 to the present is a 4-year degree that includes 150 semester credits. Courses required within the 150 semester credits are as follows: (1) 24 credits of specific Accounting courses above the introductory level; (2) 3 credits of business law; and (3) 24 semester credits in general business. Please visit the Boards website for clarification of the specific accounting courses.

If you obtained your education from a foreign country, you will need to have the education evaluated by an approved foreign credentialing agency (visit the Board's website). This agency will verify that you have met the above requirements as assessed by U.S standards.



NEVADA STATE BOARD OF ACCOUNTANCY

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

APPLICATION FOR CPA CERTIFICATION BY RECIPROCITY

Biographical Information

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

Social Security Number	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
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Telephone	Fax
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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
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Telephone	Fax
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Name for Certificate and Photograph

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 _____

Licensing History

List ALL CPA licenses, the issuing State/jurisdiction, the type of license, the certificate or license number, and the date it was first issued

State/Jurisdiction License Number Date First Issued

What State/Jurisdiction granted your original license or certificate?_____



Experience

List employment information obtained that qualifies toward your accounting credentials.

Employer_____

Position Held_____

Dates of Employment From_____ To _____

Employer_____

Position Held_____

Dates of Employment From_____ To _____

Employer_____

Position Held_____

Dates of Employment From_____ To _____



Education

Please read the instructions for Nevada’s education requirements and foreign education evaluations

List all colleges and universities where you obtained education.

HAVE YOU BEEN LICENSED 4 OR MORE YEARS IN THE TEN-YEAR PERIOD PROCEEDING THIS APPLICATION? YES NO

If YES – Transcripts will NOT be required.

If NO – You will need to have transcripts sent from your university showing you have met Nevada’s education.

College/University_____

Degree_____ Date Graduated_____

College/University_____

Degree_____ Date Graduated_____



Self Reporting 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.

Federally Mandated Questions

NRS 628.034 & 628.035 mandates the Board to include this information on every application for CPA Certification. **Please select the statement that applies to you.**

_____ 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



NEVADA STATE BOARD OF ACCOUNTANCY

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

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: _____