



1325 Airmotive Way, Suite 220
Reno, NV 89502
(775) 786-0231

**APPLICATION FOR REINSTATEMENT TO PUBLIC CPA PRACTICE
FROM INACTIVE OR RETIRED STATUS**

Application Fee: \$250.00
Payable to: Nevada State Board of Accountancy

The former holder of a CPA Certificate may be reinstated into the practice of public accounting from inactive or retired status as provided by provisions of Nevada Administrative Code (NAC) 628.110 (4) , 628.120 and 628.019. Reinstatement to public practice requires formal Board approval conducted at the Board’s scheduled Board Meetings.

Last Name First Name Middle Name

CPA Certificate Number Issue Date Social Security Number

Mailing Address City/State Zip Code

Employer Name/Address Telephone

Continuing Professional Education:

40 hours of Continuing Professional Education dated within the last 12 months and backup documentation of the continuing education hours claimed must be submitted with this application.

Background Investigation:

Each applicant must agree to an investigation of his criminal history to determine whether he is qualified for reinstatement to public practice.

Please complete the enclosed TWO (2) fingerprint cards. All personal data such as height, weight, DOB, social security number must be completed or the fingerprint cards will be returned. The local Police and Sheriffs Departments are the most common Agencies that conduct the fingerprinting process. The fee for fingerprinting will usually range from \$1.00 to \$5.00 per card. Return the fingerprint cards to the board office.

Signature

Date

Received _____ Check No. _____ Amount _____



CIVIL APPLICANT WAIVER

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

1. I hereby authorize (enter name of submitting agency) _____, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, 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. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
2. **In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated.** (Please initial)_____
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
4. 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.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Nevada State Board of Accountancy

Address: 1325 Airmotive Way, Ste 220, Reno, NV 89502

Agency representative: Walsh, Leslie, C.
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____