



NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 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

Email Address Employer Name

Mailing Address City/State Zip Code

Provide a detailed statement of your future planned activities/employment

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. Return the fingerprint cards to the board office.

Signature

Date

Received _____ Check No. _____ Amount _____



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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.

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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.

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5. I hereby authorize _____ (*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, 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.

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: _____