

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/FEES

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:

Public Accounting:

2 years or equivalent experience in the practice of public accounting

Industry or Governmental Accounting:

2 years or equivalent experience in industry or governmental accounting.

Or a combination of the above experience.

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
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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

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 Professional 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: _____