

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY

1511 Pontiac Avenue, #68-1
Cranston, Rhode Island 02920

APPLICATION FOR CPA CERTIFICATE WITHOUT WRITTEN EXAMINATION

Date: _____

To the Rhode Island Board of Accountancy:

I hereby make application to be examined by the Rhode Island Board of Accountancy for a certificate entitling me to practice, be known and styled as a Certified Public Accountant in the State of Rhode Island under the Rules adopted by the Board of Accountancy and in conformity with the General Laws 2001, as amended.

The application fee is variable depending on the time frame in which this application is submitted. Please send an email inquiry to the office of the RI Board of Accountancy (boa@dbr.ri.gov) to determine the current fee for your licensing group. Please submit a check, postal service money order or express money order, payable to General Treasurer, State of Rhode Island) and submit the following facts, which you believe, establish your qualifications under the Laws and Rules of the Board.

1. Full Name: _____ E-mail _____
2. Date and place of birth: _____ *SS Number _____
3. Principal residence: _____
 - a. Primary place of employment: _____
 - b. As an employee, business address: _____
4. Principal residence for the past 3 years: _____
5. Education:

University or College attended or special courses taken	Location	Period of Attendance	Date of Graduation	Degree

Applicant must file record or evidence of completed study resulting in a Baccalaureate degree from an accredited college or university (see educational requirements to sit at www.dbr.ri.gov . A copy of college diploma and an official transcript (with seal) of grades received are required to be attached. If you have an M.B.A., an M.S. in Accounting or a Masters in related curricula, a copy of the transcript and diploma should also be attached.

Applications lacking educational evidence or other information requested ***will not be accepted.***

Please submit your data all together rather than have information submitted to the Board separately. A 2" x 2" picture taken within one year is also required.

The Board will also require verification of your grades on the Uniform CPA Examination from the State Board location of where you successfully completed the exam.

In addition to the above, proof of passage of a AICPA Ethics Examination (comprehensive) must be submitted with this application. If you have not taken this examination, you will find information enclosed.

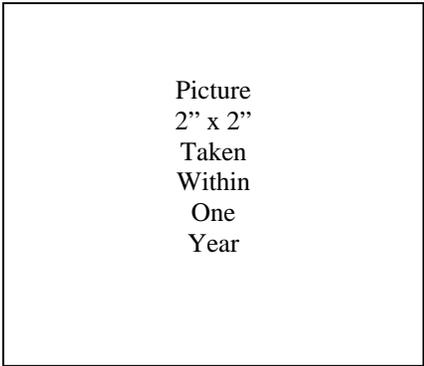
* For explanation of SS# requirement, go to www.rilin.ri.gov/statutes/title5/5-76/INDEX.HTM

6. Number of years of full-time practice in public accounting _____
7. Location in Rhode Island for the regular transaction of business as a public accountant _____
8. Business experience since leaving school (state nature of work, name of employer, and periods of service, month and year). Do not include Public Accounting experience, which is covered in item No. 9.

Rank or Nature of Work	From	To	Employer	Employer's Address

9. Practical experience in Public Accounting (state rank or nature of work: name of employer, if employer is a CPA, or Public Accountant; period of service, month, day and year).

Rank or Nature of Work	From	To	Employer	CPA or PA	Employer's Address



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Dear Permit Holder:

The Regulations of the Rhode Island Board of Accountancy for the Fulfillment of the Public Accounting Experience Requirement mandate that all applicants for the Certificate of Certified Public Accountant submit evidence of public accounting experience, as set for in the Regulations. Please log on to www.dbr.ri.gov and scroll to Board of Accountancy for current regulations.

An applicant has requested that you verify his/her employment experience. Please review the regulations at the above web site, and complete the form, which should be returned directly to the Rhode Island Board of Accountancy, at the above address.

Please note that the Board may request verification of the applicant's experience (Regulations 2.3.2 and 2.3.4). Also, an employer who refuses to submit verification of experience may be required to submit an explanation to the Board stating reasons for the refusal (Regulation 2.3.1).

Thank you for your anticipated cooperation.

Very truly yours,

RHODE ISLAND BOARD OF ACCOUNTANCY

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EXPERIENCE VERIFICATION

APPLICANT INFORMATION: (PLEASE TYPE OR PRINT)

NAME: _____

RESIDENCE ADDRESS: _____

_____ Tel. No. _____

E-mail _____

CURRENT EMPLOYER & ADDRESS: _____

_____ Tel. No. _____

EMPLOYER INFORMATION: (PLEASE TYPE OR PRINT)

NAME OF FIRM OR PERMIT HOLDER: _____

PERMIT NUMBER: _____ EXPIRATION DATE OF PERMIT: _____

BUSINESS ADDRESS: _____

_____ Tel. No. _____

INCLUSIVE DATES OF APPLICANT'S EMPLOYMENT: FROM _____ TO _____

INDICATE FULL OR PART-TIME EMPLOYEE _____

SEE BELOW

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND BOARD OF ACCOUNTANCY
1511 Pontiac Avenue, #68-1
Cranston, RI 02920**

APPLICATION FOR TRANSFER OF EXAMINATION GRADES

Applicant's name: _____
E-mail: _____

To the State Board of Public Accountancy:

I hereby make application for the transfer of credit for subjects passed in the Uniform CPA Examination taken in _____
Name of State

Signature

Date of Birth: _____ Social Security Number: _____

This certification must be sent to the State jurisdiction in which the CPA Exam was taken. That State will return the exam grade verification directly to the office of the RI Board of Accountancy. You will need to inquire if there is a fee for this verification.

STATE _____

This is to certify that _____ sat _____ times for the certified public accountant examination(s) in the State of _____. The grades were as follows: (as reported by the AICPA, or, if not, indicated by asterisk and explained below)

DATE	I.D. NO.	AUD (AUDIT)	BEC (LPR) (LAW)	FAR (FARE) THEORY	REG (ARE) (PRACTICE)

Please indicate if this individual is currently licensed Yes No
Expiration date of license _____

Signature of Authorized Individual/Title: _____

STATE
SEAL

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Dear Applicant:

Below you will find an order form for the Professional Ethics Manual. In addition to the experience requirements, the successful passage of the Ethics Exam is a requirement in order to be considered for certification by the Rhode Island Board of Accountancy.

Also, below you will find the application for issuance of a certificate of certified public accountant. In addition, you will find the form to be submitted to the Board of Accountancy for verification of your employment experience and a cover letter to be provided to your employer. Please log on to www.dbr.ri.gov at the Rhode Island Board of Accountancy for the Fulfillment of the Public Accounting Experience Requirement. *

Please complete the application form and return it to this office. Also, please complete the top section of the Experience Verification form, present it to your employer with the cover letter and copy of the Regulations and request that it be completed and returned directly to the Board.

Your application for a certificate will be considered upon receipt of the following:

- (1) the completed application form
- (2) the verification of your experience by your employer
- (3) verification by the Board of your successful completion of the Ethics examination

Very truly yours,

RHODE ISLAND BOARD OF ACCOUNTANCY

*You may make as many copies of the forms, letters and Regulations as are needed.

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TO ORDER THE AICPA PROFESSIONAL ETHICS MANUAL

Visit AICPA online at www.aicpa.org
Or call 1-888-777-7077
Monday through Friday, 8:30 a.m. – 7:00 p.m.

IMPORTANT NOTICE TO ALL RHODE ISLAND CANDIDATES

Please retain these instructions for your reference

Upon receipt of your AICPA Ethics Manual, please note instructions for **Block N** –
located on the back of your answer sheet

Block N is to be completed by examinees taking Professional Ethics for
Initial or reciprocal certification

**If Block N is not completed, you may be notified of successful completion of the
Ethics Exam, however, please be advised that a grade of 90% is required in order
to be considered for certification by the Rhode Island Board of Accountancy**