Chapter 5-3.1 of the General Laws, as amended, requires an annual license/permit by all persons practicing public accounting in the State of Rhode Island.

An **INDIVIDUAL** application for a permit to practice public accounting is below. Make certain that **all data** required is noted on the application, including CPE hours on the back and that the **original** form is returned to the office of the Rhode Island Board of Accountancy. Due to a three-year licensing cycle, please send an email inquiry to the Board office at boa@dbr.ri.gov so that we can determine what the application fee would be depending on time frame the application was submitted and alphabetical grouping.

The application must be **completed in its entirety**, which includes cumulative CPE. **Spreadsheets will not be accepted. All CPE must be coded as listed on the application itself or the application will be returned as incomplete. A minimum of 120 credits is mandatory.** CPE is based on calendar year, while licensing period is fiscal year.

You are reminded that **no fractional hours** may be used and to note the following limitations and requirements:

**Code 1** (self-study) cannot exceed **80 hours** (over the three-year renewal period). **Certificates of completion of self-study courses reported must be submitted along with the application.**

**Code 2** (formal teaching as instructor or speaker and publication of professional books or articles written) cannot exceed **20 hours** per year (or **60 hours** over the three-year renewal period). Repeated presentations of the same subject matter will not be recognized for CPE credit.

**Code 3** (Practice Development and Management Skills, or non-accounting courses) cannot exceed **8 hours** per year (or **24 hours** over the prior three-year renewal period).

**Code 4** (other CPE) this would include any CPE not indicated in codes 1-3.

**A&A** *(coded as 1-4) (minimum requirement for Accounting and Auditing is 8 hours per year (or 24 over the prior three-year period). It is mandatory that A&A courses included in codes 1-4 must also be listed as A&A. Taxation courses are not considered accounting and auditing. Please refer to regulations at www.dbr.ri.gov, under Board of Accountancy, Regulations Concerning Professional Conduct for clarification of mandatory CPE.***
APPLICATION FOR INDIVIDUAL
OUT-OF-STATE PERMIT TO PRACTICE
PUBLIC ACCOUNTING

1. Full name (print)_________________________ Email __________________________
   Residence Address __________________________ Phone _________________________
   Employer Name ___________________________ Phone ___________________________
   Employer Address __________________________
   Preference for mailings (check one) residence ( ) business ( )

2. List all other states in which you hold or have made application for a permit/license to practice public accounting __________________________

3. Have you ever had a professional or vocational license suspended or revoked by the State of Rhode Island or any other state or foreign country? Yes ( ) No ( ) (If yes, please detail on separate sheet.)

4. Are you engaged in the practice of public accounting in the State of Rhode Island? Yes ( ) No ( )
   If so, please answer the following:
   a. Name of practice unit __________________________
   b. The practice unit is composed of (check one) ( ) Certified Public Accountants ( ) Public Accountants

   Note – Every practice unit must file a separate Practice Unit Application with the Board.

   I hereby certify that this practice unit does_______ does not_________ perform accounting or auditing engagements including, but not limited to, attest services, audits, reviews, compilations, forecasts, projections or other special reports.

   I hereby certify that I am the holder of an unrevoked and unsuspended Certificate/Authority No. ____________, issued to me by the Board of Accountancy of the State of ______________________ on ____________ (date of issuance). I have never been convicted by any court of a felony or a crime involving moral turpitude. I further certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this application, including completion of the CPE courses set forth on the reverse side of this application.

   Signature ___________________________ Date ___________________________

   Please send an email inquiry (boa@dbr.ri.gov) to the office of the RI Board of Accountancy to determine what the application fee would be at this current time. Fees are variable due to time frame and alphabetical groupings. Please submit all self-study certificates of completion with this license application. Course description must be submitted along with title. Lack of information will result in tabling of approval by the Board. CPE is based on calendar year, licensing is fiscal year.

   PLEASE NOTE: YOU WILL NEED TO CONTACT THE STATE BOARD IN WHICH YOU HOLD A VALID LICENSE AND HAVE VERIFICATION SENT TO THE RHODE ISLAND BOARD OF ACCOUNTANCY TO CERTIFY THAT YOUR LICENSE IS CURRENT AND IN GOOD STANDING.

   Please log on to www.dbr.ri.gov for CPE regulations.
Cumulative CPE Reporting
It is the responsibility of each licensee to maintain CPE records as referenced in the regulations

<table>
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<tr>
<th>Year</th>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
<th>Code 4</th>
<th>Totals</th>
<th>A &amp; A</th>
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* Please print and sign name: ____________________________ /

All CPE MUST BE LISTED ON THIS APPLICATION WITH CODING AND TOTALS
THE BOARD WILL NOT ACCEPT ATTACHED SPREADSHEETS
Program Attendance Record - Prior three years (calendar year) Copies of this page may be added if necessary
The Rhode Island Board requires a description of content of CPE as well as title of program

<table>
<thead>
<tr>
<th>School, firm or organization conducting program</th>
<th>Title of program and description of content</th>
<th>CPE Code</th>
<th>Dates Attended</th>
<th>Total Hours</th>
<th>A &amp; A Hours</th>
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TOTALS: _____/_____/ ___

CPE Codes: 1. Formal self-study/correspondence courses - limit of 80 hours over 3 years – copies of certificates for self-study courses reported must be submitted with this license application. Credit will be given for interactive and/or QAS hours only
2. Formal teaching (yourself) as instructor or speaker and publication of professional books or articles - limit of 60 hours over 3 years for each
3. Courses devoted to practice/personal development and managerial skills – limit of 24 hours over 3 years
4. Other CPE
   A & A: Accounting and Auditing - minimum of 24 hours over 3 years (not a separate code – must be extracted from codes 1-4)
   *Ethics: not less than 6 hours of the 120 hours shall be devoted to professional ethics.
All subject matter in all codes is conditional on limitations in Practice/Personal Development and Managerial Skills. Please enter the cumulative totals on the previous page or the application will be returned for completion.

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<th>School, firm or organization conducting program</th>
<th>Title of program and short description of content</th>
<th>CPE Code</th>
<th>Dates Attended</th>
<th>Total Hours</th>
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY
1511 Pontiac Ave., #68-1
Cranston, Rhode Island 02920

REQUEST FOR VERIFICATION OF LICENSURE OR CPA EXAM GRADES

Instructions for Applicant: Complete the section below indicating your full name and address of the State Board which issued your original certificate. Please mail this form to the State Board under which jurisdiction you sat for the Uniform CPA Examination. This state board will return this information directly to the State of Rhode Island.

NAME: ________________________________________________________________
(Type or print your full name, no initials)

TO STATE BOARD OF ACCOUNTANCY OF: _______________________________________
(State Board, which issued your original certificate)

STATE BOARD ADDRESS: ____________________________________________________
________________________________________________________________________
________________________________________________________________________

Instructions for Accountancy Board Staff: Please complete this request for verification and return it directly to the Rhode Island Board of Accountancy at the above address.

The individual noted above holds an original certificate as a certified public accountant (circle) Yes  No

Certificate Number ___________________ Date issued _______________________

He/she is _____ is not ______ currently licensed to practice. Please note expiration date ___________

The individual noted above passed the Uniform CPA Examination: (Please circle applicable number)

1. Prepared and graded by the American Institute of Certified Public Accountants
2. Prepared and graded by this Board
3. Prepared by the American Institute of Certified Public Accountants and graded by this Board
4. Other: ___________________________________________________________________

Has this individual successfully completed the AICPA Ethics Self-Study Examination with a grade of 90% or better?

________ Yes ________ No
Has this individual’s Certificate or License ever been suspended or revoked?

_____ Yes  _____ No

If yes, please indicate the reason:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

State Board

Completed by: __________________________________________________________________________

Name

________________________________________________________________________________________

Position

_______________________________________________________________________________________

Date

_______________________________________________________________________________________

BOARD SEAL
Pursuant to the provisions of Title 5, Chapter 3, of the General Laws of Rhode Island, 1956 as amended and supportive rules and regulations I, ____________________________, of the city of ____________________, State of ____________________________, do hereby appoint the Secretary of State for the State of Rhode Island as my agent for the receipt of service of process or pleadings in the State of Rhode Island, upon which Secretary of State process or pleadings against me may be served. I do hereby consent that suits and actions may be commenced against me in the proper court of any county in the State of Rhode Island in which the plaintiff may reside by the service of any process or pleading authorized by the laws of the State of Rhode Island on the Secretary of State, and I do hereby stipulate and agree that any such service of process or pleadings on the Secretary of State shall be taken and held in all courts to be as valid and binding upon me as if due service had been made upon me personally within the State of Rhode Island.

The foregoing appointment, consent, stipulation and agreement shall be deemed to be and is irrevocable.

WITNESS my hand and seal this ____________ day of ______________________, __________.

__________________________________________

STATE OF ________________________

COUNTY OF ________________________

On this ___________ day of ______________________, __________, personally appeared before me, a notary public in and for said County and State, ____________________________,
to me known to be the person described in and who executed the foregoing instrument and acknowledged that 
__________________________________________ executed such instrument as ____________________________
free act and deed.

__________________________________________
(Notary Public)

My commission expires: ______________________