

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY

John O. Pastore Center  
1511 Pontiac Avenue, #68-1  
Cranston, Rhode Island 02920

For Board Use Only	
Date Rec'd	_____
Check No.	_____
Amount	_____
P or B	LF _____

**REINSTATEMENT APPLICATION FOR INDIVIDUAL  
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 ( ) \*SS Number \_\_\_\_\_

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 \_\_\_\_\_

**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 indicate the reason for your inactive status on a separate sheet of paper and attach to this application. If you have been on inactive status for five (5) years or more, please also submit resume with this application.***

Enclose a check or money order in the sum of **\$500.00** payable to **GENERAL TREASURER, STATE OF RHODE ISLAND**. This fee is for any individual applying for reinstatement. An additional fee for a one, two or three year license is also applicable. Please send an email inquiry to the Board office at [boa@dbr.ri.gov](mailto:boa@dbr.ri.gov). The fee varies depending on your name and time frame of the application. Copies of certificates of completion for self-study courses reported on the reverse side of this form **must be submitted** with this license application. Supporting documents or materials for remaining courses need not be submitted to the Board unless requested but should be retained in your files for not less than 3 years after the annual license renewal date. Insufficient CPE credits may result in suspension of license or fine of **\$250**, or both. Use of CPE credits not earned in reporting year is prohibited without Board approval. **In addition, you will need to submit a licensing fee** applicable at this time. Please read the regulations for reinstatement before submitting this application. If you have been inactive for five years or more, you need additional CPE credits.

Please log on to [www.dbr.ri.gov](http://www.dbr.ri.gov) for CPE regulations.

\*For explanation of SS# requirement, go to [www.rilin.ri.gov/statutes/title5/5-76/INDEX.HTM](http://www.rilin.ri.gov/statutes/title5/5-76/INDEX.HTM)

