

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BOARD OF ACCOUNTANCY

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

PLEASE READ THE FOLLOWING INFORMATION

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.

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APPLICATION FOR INDIVIDUAL
OUT-OF-STATE PERMIT TO PRACTICE
PUBLIC ACCOUNTING

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

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.

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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

