

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF ACCOUNTANCY
 301 East 14th Street Suite 200, Sioux Falls, SD 57104
 (605) 367-5770 accountancy.sd.gov

FOR OFFICE USE ONLY	
Jurisdiction Code	_____
School Code	_____
Transcript Required	_____
150 Sem hrs w/acctng major	_____
Equivalent	_____
Juris. Cand ID	_____
WEB ID & Password sent	_____

UNIFORM CPA INITIAL EXAMINATION APPLICATION

INSTRUCTIONS

1. Complete the form, either fill and print or print form and fill out legibly; sign, date & mail to the address above.
2. Indicate section(s) to be taken and enclose the appropriate fee(s). Make check payable to the South Dakota Board of Accountancy.

Auditing - \$268.15 Financial Acct. & Reporting - \$268.15 Regulation - \$268.15 Business E&C - \$268.15

3. Check appropriate statement: Application is being made as:

A graduate of an accredited educational institution with a minimum of 150 semester hours, including a baccalaureate or graduate degree in accounting or equivalent.

An individual who will graduate from an accredited educational institution with a minimum of 150 semester hours, including a baccalaureate or graduate degree in accounting or equivalent, before 100 days after sitting for any section of the examination.

OFFICIAL TRANSCRIPT(S) OF ALL COLLEGE CREDITS MUST ACCOMPANY THIS APPLICATION.

1. Name: _____

First
Middle
Last

 Other Names Known By: _____ Male Female

 Passport Name: _____

First
Middle
Last

2. Place of Birth: _____ Date of Birth: _____ Mother's Maiden Name: _____

City
State

3. Home Address: _____

Street/Box Number

City
State
Zip + Four

 Primary Phone: _____ Email: _____

4. Employer Name: _____

 Work Address: _____

Street/Box Number
City
State
Zip + Four

 Phone Number: _____ Work Email: _____

5. NTS Delivery Preference: Home Email Business Email

6. Education (**Post-High School**):

Name of School	Location	Dates Attended (From -To)	Date of Graduation	Major/Degree

7. Have you ever been convicted of any crime other than minor traffic violations or ever been charged with any dishonest acts or unprofessional conduct? YES NO If YES, attach explanation.

8. Have you previously made an application to the South Dakota Board of Accountancy to sit for the C.P.A. examination?

YES NO If YES, give date: _____

9. Have you ever participated in the CPA exam in any other state? YES NO If YES, answer the following questions:

Name of State: _____

Dates taken: _____

Do you hold current conditions? YES NO If YES:

In what sections? _____

Date conditioned? _____

Immediately request an "Authorization for Exchange of Information" form from this Board.

10. Have you ever been denied permission to sit for the CPA examination in any other state?

YES NO If yes, attach explanation.

11. Have you ever been convicted of any crime, felony or misdemeanor by any court of any state or of the United States?

YES NO Date of conviction: _____ (If YES, attach detailed information.)

12. Have you ever changed your name? YES NO (If YES, excluding name change due to marriage, provide documentation.)

13. Have you ever been licensed to practice accounting in this state or any other state? YES NO If YES, what state? _____

14. **Candidates with Disabilities:** Applicants requiring modifications in the examination administration due to a disability must obtain an official modification form from the South Dakota Board of Accountancy. Applicants must complete and submit this form every time they apply for the examination and require special modifications. The completed form must be returned to the South Dakota Board of Accountancy will all required documentation at the time of application.

15. **ATTESTATIONS**

- I understand and agree that I will not divulge the nature of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room. Failure to comply with this attestation may result in invalidated exam grades, disqualification from future Uniform CPA Examinations, civil and/or criminal penalties.
- I confirm that I have read and understand the provisions contained in the "Information for Applicants." I agree that in the event my examination data are lost or damaged, and claim I may have will be limited to the examination fee(s) paid by me.
- I understand and agree that the information I provided above will be shared with the National Association of State Boards of Accountancy (NASBA).
- Under penalty of perjury, I certify to the truth and accuracy of all statements, answers, and representations made in the foregoing application, and in all supplementary statements and materials.

SIGNATURE OF APPLICANT

DATE

WAIVER OF PRIVACY RIGHTS

- The information you provided above will be shared with the National Association of State Boards of Accountancy (NASBA). The South Dakota Board of Accountancy (Board) cannot require you to provide your social security number in order to apply or take the CPA exam, nor can the Board deny you any right or privilege if you choose not to provide your social security number for purposes of applying or taking the exam. This is your right pursuant to the Federal Privacy Act of 1974. You may waive this right by signing the waiver below. In doing so, you are authorizing the Board to share your social security number with NASBA for the purposes of investigation and verification of information provided by you in this application and to avoid errors of identity which may create delays in issuing your notice to schedule to sit for the Uniform CPA Examination. If you choose not to waive your privacy rights and not provide your social security number below, you will incur additional processing fees of \$67.50 by NASBA.
- **By providing your SSN and signature below you agree to waive your privacy rights and authorize the Board to share your SSN with NASBA.**

Social Security No: _____

SIGNATURE OF APPLICANT

DATE