

STATE OF KANSAS
BOARD OF ACCOUNTANCY
LONDON STATE OFFICE BUILDING
900 SW JACKSON STREET, SUITE 556S
TOPEKA, KS 66612-1239
(785/296-2162)

INSTRUCTIONS FOR COMPLETING APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT CERTIFICATE
BY TRANSFER OF GRADES FROM ANOTHER STATE

1. Complete the application form on the reverse side, providing all information requested.
2. Complete the top portion of the enclosed Authorization for Interstate Exchange of Information form, and send it to the State Board where the original CPA certification was received **or, if not certified**, where the CPA exam was passed. *If currently practicing and/or certified in a state different from the state where originally certified, or passed the exam, also send a copy of the form to that State Board for completion.* The form may be reproduced as needed.
3. Per K.A.R. 74-2-3, either attach an official transcript, with the embossed or multi-colored seal, verifying applicant's academic education, or have it sent directly to the Board by the university, and so note on this form. Copies of official transcripts will not meet this requirement.
4. Attach a check or money order, made payable to the *Kansas Board of Accountancy*, in the amount of \$250, or you may pay by credit card. If applicant needs a permit (license) to hold out and perform public accounting services as a CPA in Kansas, a separate fee will be required at that time. The permit fee is determined by whether an odd or an even CPA certificate number is assigned.
5. Per K.A.R. 74-3-8, verification of satisfactory completion of the AICPA correspondence Professional Ethics Course/Exam is required. If that exam was taken for certification elsewhere, that State Board will verify it on the Authorization form. Otherwise, applicant will need to take that course/exam, and have verification sent directly to this Board by the AICPA. Applicant may either order the course directly from the AICPA, **or** use the enclosed order form to obtain it through the Kansas Society of CPAs. **Please note**, however, that the Kansas Board's ethical code and that of the AICPA differ slightly in several areas. Please review the Kansas ethical code (under which applicant will be required to abide whenever there are discrepancies), as set out in Article 5 of the Board Regulations, included in the enclosed Law & Regulations.
6. Complete the enclosed Oath to be Taken by New CPA Certificate Holders. Your signature needs to be witnessed by another CPA. The CPA does not need to be a licensed CPA nor a CPA certificate holder in Kansas.
7. Complete the Application for an Initial Permit to Practice as a CPA if you will be practicing public accounting. The Certificate of Experience will need to be completed for verification of experience as well. You will be notified of the appropriate permit fee when a certificate number is assigned.
8. APPLICATIONS PENDING FOR MORE THAN 120 DAYS FROM DATE OF RECEIPT WILL BE CANCELLED AND ALL FEES FORFEITED.

PRINT OR TYPE

**APPLICATION FOR KANSAS CERTIFIED PUBLIC ACCOUNTANT
CERTIFICATE FOR TRANSFER OF GRADES FROM ANOTHER STATE**

For Statistical Purposes Only:	
Date of Birth:	_____
Sex:	Race: _____

1. FULL NAME (Indicate if different when certified): _____
(If name change has occurred, please submit a copy of the legal documentation verifying name change.)

NAME CERTIFICATE TO BE ISSUED UNDER (If different than above): _____

SOCIAL SECURITY NUMBER _____

PURSUANT TO 5 U.S.C. 552a, THE KANSAS BOARD OF ACCOUNTANCY ADVISES YOU THAT SOCIAL SECURITY NUMBERS PROVIDED TO THE BOARD, PURSUANT TO K.S.A. 74-148 AND 74-139, MAY BE PROVIDED TO THE KANSAS DEPARTMENT OF REVENUE, UPON REQUEST, OR MAYBE USED FOR CHILD SUPPORT ENFORCEMENT PURPOSES.

2. NAME OF PRESENT EMPLOYER: _____

3. TITLE: _____

4. FULL BUSINESS ADDRESS: _____

5. RESIDENCE ADDRESS: _____

PREFERRED MAILING ADDRESS: BUSINESS RESIDENCE

6. TELEPHONES: RESIDENCE _____ BUSINESS _____ FAX _____

7. ORIGINAL CPA CERTIFICATE NO.: _____ CURRENT PERMIT VALID UNTIL: _____
FROM THE STATE OF: _____ STATE CPA EXAM COMPLETED IN: _____
ISSUED ON DATE OF: _____ OTHER STATES CERTIFIED IN: _____

8. ARE YOU PRESENTLY PERFORMING, OR DO YOU PLAN TO PERFORM, ANY PUBLIC ACCOUNTING SERVICES, EITHER AS AN EMPLOYEE OR AN OWNER, IN KANSAS? YES NO

9. IF ANSWER TO QUESTION 8 IS YES, IS PUBLIC ACCOUNTING YOUR PRINCIPAL OCCUPATION? NA YES NO

10. DO YOU HAVE ONE YEAR OF EXPERIENCE IN PUBLIC ACCOUNTING, GOVERNMENT, INDUSTRY OR ACADEMIA THAT CAN BE VERIFIED BY A LICENSED CPA? YES NO

11. HAVE YOU ATTACHED VERIFICATION OF THE AICPA PROFESSIONAL ETHICS COURSE/EXAM? YES NO
If no, will another state board be verifying such completion to us? YES NO

12. HAVE YOU ATTACHED AN OFFICIAL TRANSCRIPT FROM THE UNIVERSITY OF _____? YES NO
If no, will it be coming direct from the university? YES NO

13. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OF WHICH AN ESSENTIAL ELEMENT WAS DISHONESTY OR FRAUD; OR ANY FELONY; OR EVER BEEN THE SUBJECT OF ANY CIVIL SUIT BASED UPON ALLEGATIONS OF NEGLIGENCE, INCOMPETENCE, MISCONDUCT, FRAUD OR DECEIT IN THE PRACTICE OF PUBLIC ACCOUNTING, UNDER THE LAWS OF ANY STATE, OR OF THE UNITED STATES? (If yes, attach full explanation.) YES NO

14. HAVE YOU EVER HAD A CPA CERTIFICATE OR LICENSE TO PRACTICE FROM ANY OTHER STATE CANCELED, REVOKED, SUSPENDED OR VOLUNTARILY SURRENDERED? (If yes, attach full explanation.) YES NO

15. HAVE YOU EVER HAD THE RIGHT TO PRACTICE BEFORE THE UNITED STATES TREASURY DEPARTMENT, OR ANY OTHER GOVERNMENT BODY OR AGENCY CANCELED OR REVOKED? (If yes, attach full explanation.) YES NO

I hereby certify that the foregoing statements provided by me are true and correct to the best of my knowledge, and that I have not omitted or suppressed any information which might have an affect on my application. I also certify that I have read and understand the Kansas Statutes and the Kansas Board's Regulations, including the Code of Professional Ethical Conduct, and agree to comply with same if my application for a Kansas CPA certificate is approved.

FEE: \$250.00 INDICATE FORM OF PAYMENT: CHECK CREDIT CARD

Credit Card (check one): VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> CREDIT CARD # _____
EXP. DATE (MO/YR) _____
(REMINDER: CHECK CARD NUMBER & EXPIRATION DATE FOR ACCURACY. INACCURATE DATA WILL RESULT IN APPLICATIN BEING RETURNED AS INCOMPLETE.)
CARDHOLDER'S SIGNATURE _____

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATE _____ SIGNATURE _____