

KANSAS BOARD OF ACCOUNTANCY

900 SW JACKSON, SUITE 556S

TOPEKA, KS 66612-1239

785/296-2162

www.ksboa.org

OATH TO BE TAKEN BY NEW CPA CERTIFICATE HOLDERS

I affirm that I will support the constitution of the United States and the constitution of the State of Kansas. I further affirm that I will abide by the laws of the State of Kansas, and the regulations set forth by the State Board of Accountancy; that I will solemnly honor the Code of Professional (ethical) Conduct set forth therein; and that I will do nothing whatsoever to bring discredit to the accounting profession.

Print Name: _____

Signature: _____

Date: _____

Witnessed by:

Print Name: _____

Signature: _____

CPA in State of: _____

Certificate # _____ Issued _____

(Rev. 04/02)

(FOR BOARD USE ONLY)

DATE RECEIVED: _____

BY: EXAM

RECIPROCITY