

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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FAX #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

ACCOUNTING EXAMINING BOARD

INFORMATION FOR COMPLETING CERTIFIED PUBLIC ACCOUNTANT APPLICATION

This is not the application to register for the CPA Examination. The CPA Examination needs to be taken and passed before completing this application for licensure. To register for the examination, contact NASBA directly at www.nasba.org or 800-CPA-EXAM (800-272-3926).

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Application by Examination

1. **Application for Certified Public Accountant License (Form #130)**
2. **Credential Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Experience Record (Form #128)** – Evaluated by the Accounting Examining Board to determine whether the experience you document meets the qualifying accounting experience as defined in Wis. Admin. Code § Accy 2. Specify whether employment is full time or part time.
4. **Verification of Employment and Experience Evaluation (Form #127)** – Document a minimum of 12 months of experience within the last 5 years, acquired after the applicant earned qualifying education for the CPA examination. Complete Part I and forward to your employer(s) to complete part II. Your employer must return Form #127 to you to submit with the application. **A position description must be included for each verification of employment and must be signed and dated by your employer.**
5. **Required Course Work in Accounting and Business Subjects (Form #3178)** - Per Wis. Admin. Code §§ Accy 2.202(1) and 2.202 (5) this form must be completed unless the applicant obtained a master's degree in accounting from an accounting program or department accredited by the Association to Advance Collegiate Schools of Business OR earned a Bachelor's or Graduate degree in accounting from an institution recognized by the Board prior to June 1, 2017. If applicable, document accounting and business course work to meet the education requirements in Wis. Admin. Code §§ Accy 2.303, 2.202(2) and 2.202(3).
6. **Official Transcripts** – NASBA will forward your transcripts to DSPS after official release of exam scores. You do not need to send additional transcripts unless DSPS requests additional documentation.

Endorsement of Credit or Transfer of Scores Applicants – In addition to submitting the documents listed in 1-5 above, you must submit:

1. **Official Transcripts** – Submit an official transcript showing courses taken and degrees received. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable. Coursework taken at a two-year community or technical college is NOT acceptable unless it appears on the transcripts of a four-year bachelor degree-granting institution.**
2. **Verification of Examination or Registration (Form #131)** – Completed by each state in which you have been issued a license or completed exams. Form letters from other jurisdictions are acceptable. Verifications must be returned directly to DSPS and must include exam scores and licensure status. If the exams were passed in Wisconsin, this form is not required. Please indicate the month and year the exams were passed on page 1.

Ethics Examination – The ethics examination is required for all Wisconsin applicants and is available online. The exam consists of 50 questions on the Wisconsin Statutes and Administrative Code governing the profession. After receipt of your completed application and all supporting documents, you will be emailed your authorized passcode and instructions on how to take the online exam.

Reinstatement (credential expired more 5 years)

If your credential has been expired more than five (5) years, submit Application for Certified Public Accountant License (**Form #130**) and reinstatement fee. Under Accy 2.501(2), verification of successful completion of examinations specified in s. Accy 2.301 OR education specified in s. Accy 2.202 is also required. A reinstatement applicant must either submit the \$75.00 to take the WI Ethics exam (applicants who did not take the national exams in WI will also need to have official verification of scores sent) OR submit your official transcripts for review.

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ACCOUNTING EXAMINING BOARD

APPLICATION FOR CERTIFIED PUBLIC ACCOUNTANT LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).													
Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	MI <input style="width: 80%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>												
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>													
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>													
Social Security # <input style="width: 90%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.														
Ethnicity/gender status information is optional.															
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other															
Sex: <input type="checkbox"/> M <input type="checkbox"/> F															
Have you ever been licensed in Wisconsin as an Accountant?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number:													
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>													
Email Address <input style="width: 95%;" type="text"/>															

- APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**
- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
 - Initial Credential (WI Exam Applicants)**
 \$ 75.00 Initial Credential Fee (not required if CPA exam was passed in WI between May 1996 and November 2003)
 \$ 75.00 Ethics Exam Fee
 \$ _____ **Total Fee Attached**
 - Transfer of Scores (from another state)**
 \$ 75.00 Initial Credential Fee
 \$ 75.00 Ethics Exam Fee
 \$150.00 **Total Fee Attached**
 - Endorsement (licensed in another state)**
 \$ 82.00 Initial Credential Fee
 \$ 75.00 Ethics Exam Fee
 \$157.00 **Total Fee Attached**
 - Reinstatement (credential expired more than five (5) years)**
 \$ 82.00 Renewal Fee
 \$ 25.00 Late Fee
 \$ 75.00 Ethics Exam Fee
 \$182.00 **Total Fee Attached**

For Receiving Use Only (1)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

Qualification for Licensure: (Check **one** box indicating how you qualify)

Examination (completed all examinations as a Wisconsin candidate)

Transfer of Scores (completed all AICPA examinations in another state) Note: Wisconsin requirements for examination must have been met.

Endorsement (licensed as a CPA in another state) State: License #

Examination: If you have taken exams in Wisconsin or any other state, please provide year of exam(s) and location(s).

Audit Exam	Year: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Theory/FARE/FAE Exam	Year: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Practice/ARE/REG Exam	Year: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Law/LPR/BEC Exam	Year: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /