FOR OFFICE USE ONLY Jurisdiction Code ____ School Code ____ Transcript Required___ 150 Sem hrs w/acctng major____ Equivalent____ Juris. Cand ID____ WEB ID & Password sent ____

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 E. 14th St., Suite 200, Sioux Falls, SD 57104 Tel: 605.367.5770 accountancy.sd.gov

UNIFORM CPA INITIAL EXAMINATION APPLICATION

INSTRUCTIONS

- 1. When completing this form, type or print legibly.
- 2. Attach the appropriate fee(s). Make checks payable to the South Dakota Board of Accountancy.

Auditing - \$238.40 Financial Acct. & Reporting - \$238.40

Regulation - \$238.40

Business E&C - \$238.40

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 <u>will</u> 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.	(a) Full Name	First	Middle	Lost	Last (c) Male Fema	
	(b) Other Names Known		Wildtie			
	(d) Passport Name	First	Middle	Last (c) Mother's Maiden Name		
2.	(a) Place of Birth	City State	(b) Date of Birth			
3.	(a) Permanent Address	Street/Box Nur	nber			
	(b) City		State	$\mathbf{Zip} + \mathbf{Four}$		
	(c) Primary phone	Fax	E-Mail			
4.	(a) Employer Name					
	(b) Address	Street/Box Number	City	y State	Zip + Four	
	(c) Phone Number	Fax	E-Mail	y State	Zip + roui	
5.	NTS Delivery Preference	: Hm. Email	Hm. Fax Bus Email	Bus Fax Res. A	ddress	

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

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

(Continue on next page)

•	ou ever been convicted of any crime other than minor traffic violations or ever been classional conduct? YES NO If YES, attach explanation.	harged with an	y dishonest acts or					
8. Have yo YES	ou previously made application to the South Dakota Board of Accountancy to sit for the NO If YES, give date	he C.P.A. exar	mination?					
9. Have yo	ou ever participated in the CPA exam in any other state? YES NO If YES,	answer the fo	llowing questions:					
(a) Nar	me of State							
(b) Dat	tes taken							
(c) Do	you hold current conditions? YES NO If YES:							
In v	what sections?							
Date	e conditioned?							
Imn	nediately request an "Authorization for Exchange of Information" form from this Boar	rd.						
	you ever been denied permission to sit for the CPA examination in any other state?							
YES	NO If yes, attach explanation.							
	you ever been convicted of any crime, felony or misdemeanor by any court of any stat	e or of the Un	ited States?					
YES	NO Date of conviction: (If YES, attach detail							
	you ever changed your name? YES NO (If YES, excluding name change of							
•	you ever been licensed to practice accounting in this state or any other state? YES	NO	If YES, what state?					
	idates with Disabilities: Applicants requiring modifications in the examination admi		, and the second					
obtain an o	official modification form from the South Dakota Board of Accountancy. Applicants they apply for the examination and require special modifications. The completed forward of Accountancy will all required documentation at the time of application.	must complete	and submit this form					
15. ATTE	ESTATIONS							
•	I understand and agree that I will not divulge the nature of any examination question or answ to the Board any solicitations or disclosures to which I become aware; I will not remov materials from the examination room. Failure to comply with this attestation may result in from future Uniform CPA Examinations, civil and/or criminal penalties.	e, or attempt to	remove, any examination					
•	I confirm that I have read and understand the provisions contained in the "Information for examination data are lost or damaged, and claim I may have will be limited to the examination							
•	 I understand and agree that the information I provided above will be shared with the National Association of State Boards o Accountancy (NASBA). 							
•	Under penalty of perjury, I certify to the truth and accuracy of all statements, answers, a application, and in all supplementary statements and materials.	and representati	ons made in the foregoing					
SIGNATUR	RE OF APPLICANT	DATE						
	WAIVER OF PRIVACY RIGHTS							
•	The information you provided above will be shared with the National Association of State E South Dakota Board of Accountancy (Board) cannot require you to provide your social secur CPA exam, nor can the Board deny you any right or privilege if you choose not to provide y applying or taking the exam. This is your right pursuant to the Federal Privacy Act of 1974. waiver below. In doing so, you are authorizing the Board to share your social security numbinvestigation and verification of information provided by you in this application and to avoid delays in issuing your notice to schedule to sit for the Uniform CPA Examination. If you choose provide your social security number below, you will incur additional processing fees of	rity number in or your social secur You may waive er with NASBA d errors of ident oose not to waiv	order to apply or take the city number for purposes of this right by signing the a for the purposes of city which may create be your privacy rights and					
 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	-						
SIGNATU	URE OF APPLICANT	DATE						
BOA2								