

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

ACTIVE CERTIFICATE RENEWAL APPLICATION FOR THE YEAR ENDING JULY 31, 2018

**The active certificate fee is \$50 if filed by August 1, 2017(\$100 if filed after August 1, 2017)
Make check payable to the SD Board of Accountancy. No cash please.**

1. (a) Full Name

First Middle Last

2. (a) Residence

Street City State Zip

(b) Phone Number

e-mail

3. (a) Employer Name

(b) Employer Address

Street City State Zip

(c) Employer Phone

e-mail

4. SD CPA Certificate Number

Date Issued

5. **I wish to receive mailings at my residence**

I wish to receive mailings at my business

6. Other than the one listed in 4, list all states in which you have applied or may hold a certificate or license to practice public accountancy.

State	Permit Number	Certificate Number	Date Issued	Current Status
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NOTE: Pursuant to SDCL 36-20B-29, each holder of or applicant for a certificate shall notify the Board in writing within thirty (30) days after its occurrence of any issuance, denial, revocation or suspension of a certificate, license, or permit by another state, or any change of address, employment, or conviction of a felony. If you answer "Yes" to any of the questions below, you must provide a statement of explanation with this application. Since your last renewal:

yes	no	Have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions)?
yes	no	Have you had an application for a certificate or license denied or a certificate or license suspended, canceled, or revoked by any state or federal agency, or governing or licensing board?
yes	no	Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency or the AICPA or any state CPA society?
yes	no	Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence?

CERTIFIED TRUE STATEMENT

I, the undersigned, declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any person who signs such statement as provided for in this section, knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury. I understand when a certificate is issued to me, that it must be surrendered upon demand by the State Board of Accountancy if I fail to pay the fees or upon its revocation by the State Board for other causes as prescribed by law.

Date _____ Signature _____

**FRAUD OR DECEIT IN THIS APPLICATION IS CAUSE FOR DENIAL
OR REVOCATION OF CERTIFICATE.**

Name:

**RECORD OF CONTINUING PROFESSIONAL EDUCATION
July 1, 2016 to June 30, 2017**

ARSD Chapter 20:75:04 requires certificate holders to maintain records substantiating continuing education credits claimed as prerequisites for certificate renewal. List all CPE you completed between July 1, 2016 and June 30, 2017.

Name of Course or Program Acceptable Programs (see 20:75:04:04 and 20:75:04:05)	College, University or Sponsoring Organization	Location	Date		Credit Hours Claimed
			From Mo/Day/Yr	To Mo/Day/Yr	

(Use additional sheets in SAME FORMAT if necessary)

MUST BE COMPLETED BY NON-RESIDENT LICENSEES IN LIEU OF THE ABOVE REPORT

Out-of-State Affidavit

The continuing education requirement of a nonresident licensee is considered met if the individual meets the continuing education requirement for a permit or license in the state in which the individual's principal office is located. The individual's principal office is the location registered as the individual's office on the Board records.

I, _____, hereby certify that I hold a current license to practice public accountancy in the state of my principal office location which is _____, and I am in full compliance with the continuing education hours required for an active license pursuant to this state's accountancy laws and regulations.

Signature

Date

Renewal Form - CPE (revised 6/17)

**Yearly
Totals**

Credit Hours Claimed (7-1-16 to 6-30-17)

Credit Hours Claimed (7-1-15 to 6-30-16)

Credit Hours Claimed (7-1-14 to 6-30-15)

Accumulated Credit Hours (7-1-14 to 6-30-17)

FOR OFFICE USE ONLY

Renewal of Individual Certificate No. _____
approved on _____