

## INFORMATION & INTRUCTIONS FOR CPA CERTIFICATION BY NEVADA EXAMINEE

This application is for CPA Licensure by Original Certification based on an applicant's passing the CPA Examination as a Nevada CPA Exam Applicant.

**Please review the enclosed instructions carefully.** If you have any questions or require assistance with regard to the application process do not hesitate to contact the board office. Items will be recorded in your file as they are received. Board staff will **not** contact you regarding items outstanding from your file; you should maintain contact with the board office for the status of your file

### **STEP 1 - APPLICATION/FEEES**

**Complete the application in full that includes notarization.**

Application fee of \$240  
Check to Nevada State Board of Accountancy or  
Complete Credit Card Form

### **STEP 3 – ETHICS EXAMINATION**

Nevada requires an applicant to pass an examination in professional ethics. Evidence of a passing score taken within the past 3 years must be provided. Attendance at a seminar will not qualify toward this requirement.

### **STEP 2 – EXPERIENCE**

**Please visit the Boards website for detailed information on the type of experience required for Nevada licensure:**

An applicant must have at least 2,000 hours of work with increasing levels of complexity and diversity, performed over a period of not less than 1 year in industry, public practice, government or a nonprofit organization.

Have your employer, past employer or partner sign the applicable Experience Form (**Experience forms available on our website**)

If your experience does not include CPA supervision an applicant may request an Individual Review until 12/31/2024 as this program will no longer be available after that time. Please contact the board office for more information relating to your specific situation.

### **STEP 4 - EDUCATION**

You must request Official Transcripts verifying your education, to be sent directly from your college or university, unless transcripts already on file evidence the 150- hour education requirement has been met.

Note:

Exam - The education to sit for the examination is a 4 year degree with specific accounting courses.

Licensure – The education to be licensed is a 4 year degree with specific accounting courses and a semester total of 150 hours.

### **STEP 5 – FINGERPRINT CARDS**

As provided in NRS 628.190 the Nevada Board of Accountancy is mandated to conduct an Investigation of Criminal History on all applicants for CPA Certification.

Please complete TWO (2) fingerprint cards. All cards must be printed or typed in **BLACK INK** only. Do not bend cards where fingerprints are to be placed.

Make sure both fingerprint cards are complete with all personal information such as sex, height, weight, social security number etc. Incomplete cards will be returned which will delay the processing of your application.

Most law enforcement agencies will conduct the fingerprinting process. A fee will be charged per card.

Return both fingerprint cards with your application to the Nevada Board of Accountancy.

#### **Electronic Fingerprinting:**

You can also choose to have electronic fingerprints submitted. Please visit our website for a list of approved private fingerprint sites and for additional forms and instructions. Electronic fingerprinting must be done in Nevada. Other States are not allowed to transmit electronic fingerprint information.

#### **FINGERPRINT BACKGROUND WAIVER FORM**

Please fill out the fingerprint background waiver form and date on or before the date you are fingerprinted.

### **STEP 6 – CHARACTER REFERENCES**

Submit a moral character reference form to three individuals that are familiar with your moral character. A relative of the applicant should not sign the form. The form may be sent with your application or directly from the individual signing form.

(See Enclosed Form)

#### **SEND ALL MATERIALS TO:**

**Nevada State Board of Accountancy  
1325 Airmotive Way, Suite 220  
Reno, Nevada 89502**

**If you require additional information you may contact the board office at:**

**Website** [www.nvaccountancy.com](http://www.nvaccountancy.com)

**Telephone** (775) 786-0231

**Fax** (775) 786-0234

**Email** [cpa@nvaccountancy.com](mailto:cpa@nvaccountancy.com)



# NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 \* Reno, NV 89502 \* (775) 786-0231

## APPLICATION FOR CPA CERTIFICATION NEVADA EXAMINEE

### Biographical Information

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Last Name	First Name	Middle Name
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List all other previous names or indicate NONE

Social Security Number Or ITIN#	Date of Birth	Place of Birth
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Mailing Address  Check if you wish to receive mail at this address

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax
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Email Address

Employer Address  Check if you wish to receive mail at this address

Employer Name

Street or P.O. Box

City	State	Zip Code
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Telephone	Fax
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### Name for Certificate

If I am certified, I want my name to appear on the certificate as follows:

\_\_\_\_\_

**Fees:**  
Check or  
Credit Card  
**\$240**

Received \_\_\_\_\_ Check/Credit Card \_\_\_\_\_ Amount \_\_\_\_\_

**Felony Conviction/  
Criminal History Statements**

Please read and answer the following questions.

Have you ever had any professional or vocational license denied, suspended, revoked, or a citation issued by any state or foreign country? **YES NO**

Have you ever been found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense other than a minor traffic violation whether or not the sentence was imposed, including suspended Imposition of sentence or suspended execution of sentence? **YES NO**

Have you ever been disciplined by any jurisdiction, the AICPA or state CPA Society? **YES NO**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic accident? **YES NO**

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION SHEET AND ANY RELEVANT DOCUMENTATION CONCERNING THE MATTER.**

**Experience**

Please review instructions regarding Nevada's experience requirement

List employment information obtained that qualifies toward your accounting credentials.

Employers Name \_\_\_\_\_

Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Employers Name \_\_\_\_\_

Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

**Education**

Have you completed a 4-year degree that includes the specific accounting courses and 150 semester total hours listed on a transcript from an accredited college or university? **YES NO**

**Ethics**

**Examination**

Attach evidence of passing an ethics examination within the past 3 years.

**Have you passed an examination in ethics and or/professional conduct within the past 3 years? YES NO**

Course/Examination Name Provider Grade Date Passed (Month/Year)

\_\_\_\_\_

**Moral Character References**

References should be from business or professional individuals and must not be relatives. Please submit a Moral Character Reference Form to all persons listed

Name & Mailing Address \_\_\_\_\_

Name & Mailing Address \_\_\_\_\_

Name & Mailing Address \_\_\_\_\_

**Federally  
Mandated  
Questions**

NRS 628.034 & 628.035 mandates the Board to include this information on every application for CPA Certification. **Failure to mark ONE of the three statements will result in the rejection of your application.**

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and an **NOT** in compliance with the order.

**Military/  
Veteran  
Information**

Nevada law mandates that we request information pertaining to military service on every application for CPA Certification.

Have you ever served in the Military \_\_\_\_\_ YES \_\_\_\_\_ NO

Branch(es) of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Are you the Spouse of an **ACTIVE** Military Member? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Affidavit**

I, \_\_\_\_\_ (applicant), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the Nevada State Board of Accountancy to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the Nevada State Board of Accountancy, I hereby release, discharge, and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided or the Nevada State Board of Accountancy has obtained.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Notarization**

State/Province or Country of: \_\_\_\_\_

County of: \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



# NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 \* Reno, NV 89502 \* (775) 786-0231

## ETHICS EXAMINATION REQUIRED

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\_\_\_\_\_  
Name of CPA Applicant

Nevada requires an applicant for certification to pass an examination in professional ethics. Evidence of a passing score taken within the past 3 years must be provided to the board office. Attendance at a seminar will not qualify toward this requirement. Nevada will accept courses provided by the various state boards or the AICPA.

If you have not taken an ethics examination or the last one taken is over 3 years old, you will be required to complete an ethics examination.

**The examination may be ordered through any CPE Course provider that has an ethics course that includes an ethics examination.**

Upon completion of the ethics examination, results should be sent to the board office from the provider or the applicant.

Please note: your application for certification will not be reviewed by the board until evidence of completion of the ethics examination is received.

Date Ethics Examination Completed: \_\_\_\_\_

Grade Received: \_\_\_\_\_

Provider: \_\_\_\_\_

Certificate Attached: \_\_\_\_\_ YES \_\_\_\_\_ NO



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Fax (775) 786-0234

[cpa@nvaccountancy.com](mailto:cpa@nvaccountancy.com)

[www.nvaccountancy.com](http://www.nvaccountancy.com)

## Electronic Fingerprinting

**Fingerprint Technician: Please request valid identification from applicant.**

Applicant: Provide this form to the fingerprint technician at the time fingerprints are taken.

Applicant Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

SSN \_\_\_\_\_ Citizenship \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Hgt. \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Reason: NRS 628.190

ORI: NV920450Z

Acct#: 880572

The above-named individual was finger-printed and the results will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the Nevada State Board of Accountancy.

**Applicant: Please submit this receipt with your application.**

\_\_\_\_\_  
Signature of person taking fingerprints

\_\_\_\_\_  
Date



Nevada Department of  
**Public Safety**  
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Accountancy (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
_____	_____
<i>Initial</i>	<i>Date</i>



6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada State Board of Accountancy (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Account #: 880572

Agency Representative: Walsh Leslie C  
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# NEVADA STATE BOARD OF ACCOUNTANCY

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## MORAL CHARACTER REFERENCE FOR CERTIFIED PUBLIC ACCOUNTANT

\_\_\_\_\_  
Name of CPA Applicant

A responsible individual that is familiar with the moral character of the applicant should sign this certificate. The form should not be signed by a relative of the applicant, or by a person who maintains any financial or business relations with the applicant, except that of a client or employer. Please sign and mail to the above address.

To be completed by the individual completing the Moral Character Reference form:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

I have known the above applicant for approximately \_\_\_\_\_ years.

Relationship to applicant \_\_\_\_\_

This is to certify that I am personally acquainted with and that to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen. I recommend the applicant as entirely worthy to be certified, as a public accountant should the other requirements prescribed by law be met.

I am willing to answer any questions which you may ask in regard to the applicant and will treat the same as strictly confidential.

\_\_\_\_\_  
Endorsee Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

I have known the above applicant for approximately \_\_\_\_\_ years.

Relationship to applicant \_\_\_\_\_

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Endorsee Signature

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Date



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\_\_\_\_\_  
Name

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Mailing Address

\_\_\_\_\_  
Telephone Number

I have known the above applicant for approximately \_\_\_\_\_ years.

Relationship to applicant \_\_\_\_\_

This is to certify that I am personally acquainted with and that to my knowledge this person has never been convicted of a felony or a misdemeanor involving moral turpitude, or declared by any court of competent jurisdiction to have committed any fraud. I know this person to be of good moral character, and also to be a good citizen. I recommend the applicant as entirely worthy to be certified, as a public accountant should the other requirements prescribed by law be met.

I am willing to answer any questions which you may ask in regard to the applicant and will treat the same as strictly confidential.

\_\_\_\_\_  
Endorsee Signature

\_\_\_\_\_  
Date

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## EXPERIENCE VERIFICATION

FULL NAME OF:  
APPLICANT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Prior Name)

## PERIOD OF EMPLOYMENT

*An applicant must have at least 2,000 hours of work with increasing levels of complexity and diversity, performed over a period of not less than 1 year in industry, public practice, government or a nonprofit organization, where the applicant provides any type of professional service or advice using accounting, attestation, compilation, management advisory services, financial advisory services or tax consulting.*

*To satisfy the requirements for experience all work must have been performed under the direct supervision of a person engaged in active practice as a certified public accountant.*

### FULL TIME

From \_\_\_\_\_ To \_\_\_\_\_  
Mo Day Yr Mo Day Yr

### PART TIME

From \_\_\_\_\_ To \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Total Number of Hours of Part Time Employment

The applicant's experience is in the following area:

\_\_\_\_\_ Public Accounting

\_\_\_\_\_ Industry

\_\_\_\_\_ Governmental

Describe the type of work that was performed - attach additional pages if further explanation is needed.

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***By submission of this form, you are consenting to the Board's review of the underlying records of the organization upon which the experience is based.***

**NOTE:** Licensee signing this form must have sufficient knowledge through supervision or systems to certify as to the applicant's experience.

Responsible CPA \_\_\_\_\_ Title: \_\_\_\_\_

CPA Certificate Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that all representations I have made are true and complete in every respect under penalty of perjury. I hereby authorize the Nevada State Board of Accountancy to make inquiries, as it deems necessary, to verify the accuracy and completeness of all representations made. I hereby release, discharge and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided, or the Nevada State Board of Accountancy has obtained.

\_\_\_\_\_  
Signature of person verifying the experience of applicant

\_\_\_\_\_  
Date