

## Board of Accountancy

215 N 3rd St, Suite 202C Grand Forks, ND 58203 Phone: 800-532-5904 (local: 775-7100) www.ndsba.nd.gov pdemaster@nd.gov

## 2020 REGISTRATION / CPE REPORT

Return with \$85, or renew at ndsba.nd.gov

First   Middle   Last	Full Name						
Street City State Zip  Employer Name  Employer Address  Street City State Zip  Employer Phone e-mail  ND CPE Certificate Number  Yes No  1. Have you ever had a certificate, license, practice privilege, or permit cancelled, revoked, suspended, or not renewe state or jurisdiction for any cause?  2. Have you had your right to practice public accountancy revoked or suspended in any state or by a federal agency?  3. Have you ever been a party to a civil suit, bankruptcy action, administrative proceeding, or binding arbitration, the b of which was grounded upon an allegation of dishonesty, fraud, or gross negligence in the performance of services as a certificate holder or licensee, or in the filing or failure to file the your own income tax returns?  4. Have you been convicted of a felony, or of any crime an element of which is dishonesty or fraud, under the laws of the United States, State of North Dakota, or of any other state?  Check appropriate boxes and follow directions.  ndsba.nd.gov/licensees  I hold out as a CPA or LPA in ND and perform accounting, auditing, management or financial advisory, consulting, bookkeeping, or tax services, for a client or an employer's client.		First	Middle		Lo	ast	
Employer Address    Street	Residence	Street	City	/	State	Zip	
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		t as a CPA or LPA in ND and perform acco	ndsba.nd.g	gov/license	es		ping, or tax
in the firm:    Similar of the services for clients under my own auspices, while using CPA / LPA title.   Call the Board re firm permit.	a). Ιρ	ractice public accounting in ND or intend	to;	b).	auspices, whil	e using CPA / LPA title.	ny own
on my own (list firm name below):   >>> Sign & return with \$85 fee and CPE detail.	_ 0	n my own (list firm name below):		» S	ign & return with	\$85 fee and CPE detail.	
>> Sign & return with \$85 fee and CPE detail.	- >>	Sign & return with \$85 fee and CPE detail	il.	_			
I do not hold out as a CPA or LPA in ND.  "Sign & return with \$85 fee. Listing CPE is optional.  All others who hold out as a CPA or LPA in ND.  "Sign & return with \$85 fee and CPE detail.							
ATTESTATION: I hereby certify and affirm that I have successfully completed the required hours of continuing education during the licensing per of July 1, 2019 through September 30, 2020. If audited, I agree to provide documentation that verifies I have met the requirements as claimed. North Dakota State Board of Accountancy concludes that I have not complied with the requirements set forth in N.D.A.C. § 3-03-01, I hereby of to waive my right to an administrative hearing and appeal pursuant to N.D.C.C. Ch. 28-32 and agree that the Board may issue an order taking disciplinary action against my license. The information contained in this application is true and correct to the best of my knowledge. I understand under the North Dakota Century Code 43-02.2-09(1)(a) providing false information is grounds for disciplinary action against my certificate to public accountancy.  Initials:  Non-residents: Listing CPE is optional, if you meet your home state CPE rules (public practice rules, if in public practice in ND). Insert your home state (where you meet CPE rules):	of July 1, 2019 throu North Dakota State to waive my right to disciplinary action a under the North Dak public accountancy. Initia	ugh September 30, 2020. If audited, I ag Board of Accountancy concludes that I he an administrative hearing and appeal pu against my license. The information contain kota Century Code 43-02.2-09(1)(a) pro- als: g CPE is optional, if you meet your home ste	ree to provide ave not compl orsuant to N.D. ned in this app oviding false in	e documento lied with the .C.C. Ch. 28 olication is tr nformation i	ition that verifies requirements set 3-32 and agree t rue and correct to s grounds for dis	I have met the requirements a forth in N.D.A.C. § 3-03-01, that the Board may issue an o to the best of my knowledge. I ciplinary action against my ce	is claimed. If the , I hereby agree order taking understand that ertificate to practice

## **Ethics Course Detail**

Course Title	Dates(s)	Location	Sponsor	Credit

## CPE Detail Link to website https://www.ndsba.nd.gov/licensees/CPARenewalFAQ

Course Title	Date(s)	Location	Sponsor	Credit
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			+	<del>   </del> E
I will comply with the accounting ethics co	Total: 7-1-19 through 6-30-20	<del>                                     </del>		
whenever applicable based on the services	Total: 7-1-18 through 6-30-19	++		
jurisdictions where I hold or have applied for designation:	Total: 7-1-17 through 6-30-18	+		
		+		
Signature: Date	e: ››Re	eturn with \$85 fee	3 year Total (7-1-17 to 6-30-20)	

Notice: A percentage of renewal applications may be selected for an audit of compliance with continuing education requirements. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continuing education requirements as you have stated on this application. You are required to save your documents so you can respond to audits. Licensees unable to comply with the audit may be subject to disciplinary action against your certificate.