



Board of Public Accountancy
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
Email: BoardOfPublicAccountancy@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

Certified Public Accountant Application Instructions

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.

After you have successfully completed all parts of the Uniform CPA examination as prescribed by the State Board of Public Accountancy, you will be required to provide the following additional items when applying for licensure. **To qualify for an Alaska CPA license, 12 AAC 04.151(a) requires an applicant to have a principal place of business or residence in Alaska.**

The following must be received by the division before your application can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4092, pages 1-6).

2. FEES

Fees made payable to "State of Alaska" as required under 12 AAC 02.340.

Nonrefundable Initial Application Fee:	\$200.00
Certified Public Accountant License Fee:	\$300.00
<u>Total Fees Due:</u>	<u>\$500.00</u>

3. BACKGROUND REPORTS

Each applicant is required to submit a complete report of criminal justice information for Alaska under AS 12.62.005 – AS 12.62.200 **and the applicant's primary state of residence if it's a state other than Alaska.**

The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers. The report must be issued no earlier than 90 days prior to the date of this application.

The Department of Public Safety, Criminal Records and Identification (R&I) Bureau maintains Alaska criminal justice information. An application for an Alaska report of criminal justice can be obtained online or in person. Please check with the law enforcement office regarding what will be required to obtain the report.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. To obtain this report, contact your local law enforcement office to obtain a complete report of criminal justice information.

Note: The report of state criminal justice information must come from a law enforcement agency. Internet self-searches will not be accepted. The report must include previous and middle names.

4. OFFICIAL TRANSCRIPTS

Official transcripts mailed directly from colleges and/or universities of attendance (official transcripts submitted previously to qualify for the CPA Examination in Alaska and NO changes have occurred, do not need to be resubmitted). In accordance with AS 08.04.120, applicants must have an accounting concentration. An accounting concentration consists of at least 24 semester credit hours of accounting courses, and at least 9 total semester credit hours of business law, economics, and college math/computer science. In accordance with AS 08.04.120, total educational program must include at least 150 semester hours.

5. VERIFICATION OF EXPERIENCE

Proof of accounting experience satisfactory to the Board. Use the attached Verification of Accounting Experience form (#08-4092b). If your experience was obtained under the supervision of a CPA who is not certified in Alaska, you must also use the attached CPA Supervisor License Verification form (#08-4092d) to verify the supervising CPA's license to practice.

6. AICPA CERTIFICATE

Official verification mailed directly from the AICPA showing that you passed the AICPA Comprehensive ethics course/examination for licensure. The State Board of Public Accountancy does not administer the ethics examination; it is provided and graded by the AICPA. To request the exam, contact: The American Institute of Certified Public Accountants at (888) 777-7077.

7. EXAM SCORES

Official verification of your exam scores if passed in another state. Use the attached Authorization for Interstate Exchange of Examination and License Information form (#08-4092a).

8. LICENSE HISTORY

Official verification of certification/license/permit from each state in which you hold or have held a certificate or license or permit to practice.

LICENSE BY RECIPROCITY

Alaska Statute 08.04.195

If you are applying by reciprocity, you must have two years of qualifying experience. Additionally, **12 AAC 04.151(a) requires an applicant to have a principal place of business or residence in Alaska.**

The following must be received by the division before your application can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4092, pages 1-6).

2. FEES

Fees made payable to "State of Alaska" as required under 12 AAC 02.340.

Nonrefundable Initial Application Fee:	\$200.00
Certified Public Accountant License Fee:	\$300.00
<hr/> Total Fees Due:	<hr/> \$500.00

3. BACKGROUND REPORTS

Each applicant is required to submit a complete report of criminal justice information for Alaska under AS 12.62.005 – AS 12.62.200 **and the applicant's primary state of residence if it's a state other than Alaska.**

The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers. The report must be issued no earlier than 90 days prior to the date of this application.

The Department of Public Safety, Criminal Records and Identification (R&I) Bureau maintains Alaska criminal justice information. An application for an Alaska report of criminal justice can be obtained online or in person. Please check with the law enforcement office regarding what will be required to obtain the report.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. To obtain this report, contact your local law enforcement office to obtain a complete report of criminal justice information.

Note: The report of state criminal justice information must come from a law enforcement agency. Internet self-searches will not be accepted. The report must include previous and middle names.

4. OFFICIAL TRANSCRIPTS

Official transcripts mailed directly from colleges and/or universities of attendance. In accordance with AS 08.04.120, applicants must have an accounting concentration. An accounting concentration consists of at least 24 semester credit hours of accounting courses, and at least 9 total semester credit hours of business law, economics, and college math/computer science. In accordance with AS 08.04.120, total educational program must include at least 150 semester hours.

5. EXAM SCORES

Official verification of your exam scores if passed in another state. Use the attached Authorization for Interstate Exchange of Examination and License Information form (#08-4092a).

6. LICENSE HISTORY

Official verification of certification/license/permit from each state in which you hold or have held a certificate or license or permit to practice.

7. VERIFICATION OF EXPERIENCE

Proof of qualifying experience for reciprocal certification. Use the attached Certification of Qualifying Experience form (#08-4092c).

8. SUPERVISOR LICENSE VERIFICATION

Proof that CPA Supervisor/Experience Verifier was certified during time experience was earned. Use the attached CPA Supervisor License Verification form (#08-4092d).

CPA Information

LISTSERV

Subscribe at <http://list.state.ak.us/mailman/listinfo/Commerce.CPA> to receive news and updates from the Alaska Board of Public Accountancy. Information may include meeting notices, agendas, renewal reminders and notices of regulation changes.

PEER REVIEW

Before a license can be renewed, the licensee must comply with the quality review requirements of 12 AAC 04.600 – 12 AAC 06.690.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

“YES” RESPONSES:

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CPA

FOR DIVISION USE ONLY

Board of Public Accountancy

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

Certified Public Accountant Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application and License Fee (\$200 is Non-Refundable)	\$500.00
Application Type:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity	

PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Birth Date: (mm/dd/yyyy)		Contact Phone:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
Note: If both boxes are selected above, you will receive correspondence electronically.			
SOCIAL SECURITY NUMBER*: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

*If you do not have a U.S. SSN, you must submit a Request for SSN Exemption Form (#08-4372) with your completed application.
<https://www.commerce.alaska.gov/web/cbpl/RequestSSNExemption.aspx>

PART III Principal Place of Business

Did you list an Alaska address in Part II?
<input type="checkbox"/> Yes, I have a principal place of business or residence in Alaska as required by 12 AAC 04.151(a).
<input type="checkbox"/> No, I did not list an Alaska address in Part II.
<i>If no, you must explain how you meet the requirements of 12 AAC 04.151(a):</i>

PART IV Exam Information

State(s) Registered:		Date Final Section Passed:	
Date Ethics Exam Passed:		Administered By:	
<i>The AICPA Professional Ethics Comprehensive Course for licensure is required.</i>			

PART V Professional License(s)

List all jurisdictions where you hold or have held certificates or licenses to practice public accountancy.

Check here if none.

State or Jurisdiction	License or Permit #	Initial Issue Date	Expiration Date

List all jurisdictions where you have applied for certification or licensure and have been denied.

Check here if none.

State or Jurisdiction	Application Date	Reason for Denial

PART VI Education

High School	Location	Graduation Date		
College or University	Address	Dates in Attendance		Degree Type
		From	To	
		From	To	
		From	To	
		From	To	
		From	To	

PART VII Work History

Employer:			
Address:			
Phone Number:		Title:	
Duties:			
Employment Start Date:	mm/dd/yyyy	Employment End Date:	mm/dd/yyyy
Employer:			
Address:			
Phone Number:		Title:	
Duties:			
Employment Start Date:	mm/dd/yyyy	Employment End Date:	mm/dd/yyyy
Employer:			
Address:			
Phone Number:		Title:	
Duties:			
Employment Start Date:	mm/dd/yyyy	Employment End Date:	mm/dd/yyyy
Employer:			
Address:			
Phone Number:		Title:	
Duties:			
Employment Start Date:	mm/dd/yyyy	Employment End Date:	mm/dd/yyyy

PART VIII References

List three references attesting to your good moral character.

1.	Full Name:		Phone Number:	
	Address:			
	Relationship:		Email Address:	
2.	Full Name:		Phone Number:	
	Address:			
	Relationship:		Email Address:	
3.	Full Name:		Phone Number:	
	Address:			
	Relationship:		Email Address:	

PART IX Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.04 and 12 AAC 04).

PART X Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an **explanation and documentation**. Provide your explanation on a separate sheet of paper labeled with your name and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board, or license actions, etc. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No

2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

3. Have you ever had the right to practice before a federal or state agency denied, suspended, or revoked? Yes No

4. Have you ever been disciplined or had your membership terminated by any professional society/association? Yes No

"Yes" Answers

If you answered "Yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CPA

FOR DIVISION USE ONLY

Board of Public Accountancy

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

Notary Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART XI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Public Accountancy

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Email: BoardOfPublicAccountancy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

Authorization for Interstate Exchange of Examination & License Information

→ **Applicant:**

Before your application can be considered for approval, the information requested below must be officially verified by the accountancy board where you passed the CPA examination as well as each state where you hold or have held a certificate, license or permit. Check with the licensing board(s) to determine any additional requirements for release of the information. Copy this form as needed.

Full Legal Name:		Birth Date: (mm/dd/yyyy)	
Mailing Address:			
Email Address:		Phone Number:	
I request and authorize the release of the information requested on this form to complete an application filed with the Alaska Board of Public Accountancy.			
Request Made to:			
Applicant Signature:		Date Signed:	

→ **Board of Accountancy:**

Please complete this part for the applicant identified above and return the form directly to the Alaska State Board of Public Accountancy at the letterhead address or email.

The following are grades, awarded on the Uniform CPA Examination(s) for the applicant as reported by the NASBA CPA Examination Services and approved unchanged by this board.

Exam Date	AICPA ID#	PASSING SCORES						
		AUD Score	FAR Score	REG Score	BEC Score	DISCIPLINE		
						BAR Score	ISC Score	TCP Score

Please explain if any of the grades were changed, if an exam other than the Uniform CPA Exam was used, or if there is any reason why the grades should not be accepted by another board:

Questions about the Applicant:

1. Was this applicant ever denied sitting for the CPA examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, Explain:</i>			
3. Does your Board consider this applicant's credit to be valid and in good standing at the present time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If No, Explain:</i>			
4. Does this applicant hold a certificate, license or permit in good standing to practice accountancy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issue Date:		Expiration Date:	
If not, what requirements need to be met for issuance or reinstatement?			
5. Did this applicant pass an ethics examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, Type:</i>		Date Passed:	
		Grade:	

Additional information or explanation of the information provided:			
BOARD SEAL	Board Name:		
	Signature:		
	Printed Name:		
	Date:		Title:



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Public Accountancy

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Email: BoardOfPublicAccountancy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

Verification of Accounting Experience

→ **Applicant:**

Before your application can be considered for approval, the information requested below must be completed by the supervising CPA where experience was earned and verified by the Board. Forward this form to each employer; they will then complete the remainder of this form and return it directly to this Division. Make copies as needed.

Applicant's Full Name:		Birth Date: (mm/dd/yyyy)	
<input type="checkbox"/> Full Time (At least 2000 hours per year)	From:		To:
<input type="checkbox"/> Total Part Time Hours	From:		To:
Total Part Time Hours:			

12 AAC 04.180 – Documentation of Experience

Experience must include providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills and related training all of which were verified by a supervising certified public accountant with an active license at the time of supervision. The experience is acceptable if it is gained through employment in government, industry, academia, or public practice. Experience does not include paid or unpaid leave or holidays.

→ **Supervisor:**

Does the applicant's background include qualifying experience in providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills, as required by 12 AAC 04.180?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that the above-named applicant has been supervised by me for the period stated herein, and in the course of such employment has obtained experience under my supervision as outlined on this form. I further certify that as the supervising CPA I have held an active CPA certificate/license/permit during this period of supervision.			
Name of Firm, Business or Organization:		Title:	
Type of Firm, Business or Organization:		Phone Number:	
Address of Firm, Business or Organization:			
CPA License Number:		State Issued:	
NOTARY STAMP	Supervisor's Signature:		
	Printed Name:		
	Notary Public for State of:	Subscribed and Sworn to Before Me on this Day:	
	Notary's Signature:	My Commission Expires:	



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Public Accountancy

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Email: BoardOfPublicAccountancy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

Verification of Qualifying Experience by Reciprocity

Reciprocity Applicants Only

→ **Applicant:**

Before your application can be considered for approval, the information requested below must be completed by the supervising CPA where experience was earned and verified by the Board. Forward this form to each employer; they will then complete the remainder of this form and return it directly to this Division. Make copies as needed.

Applicant's Full Name:				
<input type="checkbox"/> Full Time (At least 2000 hours per year)	From:		To:	
<input type="checkbox"/> Total Part Time Hours	From:		To:	
Total Part Time Hours:				

12 AAC 04.180 – Documentation of Experience

Experience must include providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills and related training all of which were verified by a supervising certified public accountant with an active license at the time of supervision. The experience is acceptable if it is gained through employment in government, industry, academia, or public practice. Experience does not include paid or unpaid leave or holidays.

→ **Employer:**

Does the applicant's background include qualifying experience in providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills, as required by 12 AAC 04.180?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that the above-named applicant has been supervised by me for the period stated herein, and in the course of such employment has obtained experience under my supervision as outlined on this form. I further certify that as the supervising CPA I have held an active CPA certificate/license/permit during this period of supervision.			
Name of Firm:		Title:	
Type of Firm:		Phone Number:	
Address of Firm:			
CPA License Number:		State Issued:	
NOTARY STAMP	Supervisor's Signature:		
	Printed Name:		
	Notary Public for State of:	Subscribed and Sworn to Before Me on this Day:	
	Notary's Signature:	My Commission Expires:	



Board of Public Accountancy
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
Email: BoardOfPublicAccountancy@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfPublicAccountancy

CPA Supervisor License Verification

→ **Applicant:**

In order to verify your experience under the supervision of a CPA, this form must be completed by the licensing authority in the jurisdiction where the supervising CPA is certified and permitted to engage in the practice of public accountancy. You are advised to check with that board before forwarding this form to determine if there is a fee or if additional requirements need to be met before the information will be released. If the other jurisdiction does not fill out forms, you can have them send their own standard license verification directly to our office.

Applicant's Full Name:	
-------------------------------	--

Supervising CPA Information:

Direct Supervisor's Name:			
Name of Firm, Company or Organization:			
CPA License Number:		State Issued:	
Dates of Supervision:	From:		To:

→ **Board:**

This bottom part to be completed by the board of accountancy where the above supervising CPA is certified and permitted to engage in the practice of public accounting, and mailed directly to the Alaska Board of Public Accountancy.

By my signature, I certify that the above-referenced supervisor was certified/licensed/permitted to engage in the practice of public accountancy during the period stated above.			
Comments:			
BOARD SEAL	Board Name:		
	Signature:		
	Printed Name:		
	Date:		Title:



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Professional Licensing

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

ADM

FOR DIVISION USE ONLY

State of Alaska
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		