

**State of Florida
Department of Business and Professional Regulation
Board of Accountancy
Initial CPA Licensure Application
Form # DBPR CPA 2**

IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

APPLICATION CHECKLIST

ALL License Applicants must submit:

- Fees:
 - \$50 (Make check payable to the Department of Business and Professional Regulation)
- Official school transcripts to verify education requirement. Do not submit copies of transcripts.
- Completed **Verification of Work Experience Form # CPA 32**

Note: Applicants who have passed the CPA examination in another state should apply using *Application for Licensure by Endorsement Form # DBPR CPA 3*.

Please mail your completed application, application fee and required documentation to:

Department of Business and Professional Regulation
2601 Blair Stone Rd
Tallahassee, FL 32399

Requirements for Licensure as a CPA

- 1) An applicant for licensure must have completed at least 150 semester hours or 225 quarter hours of college education, including a baccalaureate degree or higher conferred by an accredited college or university with a major in accounting, or its equivalent. For more detailed information see Section [61H1-27.002\(2\)](#), Florida Administrative Code. **NOTE:** The educational requirements for licensure are greater (30 additional semester hours or 45 additional quarter hours of college education) than those required to sit for the CPA examination.
 - a) Your examination approval letter from the Board of Accountancy will indicate if you need additional hours of education to be eligible for licensure.
- 2) Applicants for licensure must also pass all four parts of the CPA examination with at least a 75% within an 18 month rolling period,
- 3) One year of work experience verified by a licensed CPA documented on **Verification of Work Experience Form # CPA 32**.

Eligibility Questions

Answer

Did you pass the CPA examination in Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pass all four parts of the CPA examination with a score of at least 75% within an 18-month rolling period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have at least 150 semester hours or 225 quarter hours of education from an accredited institution to include specific accounting and business courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have one year of work experience commencing after completion of 120 semester or 180 quarter hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).

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APPLICANT INFORMATION		
Fill out each section completely. Note: a social security number is required.		
Social Security Number*		
FULL LEGAL NAME		
Do not use any nicknames, aliases, or initials.		
Last Name	First	Middle
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Residence Phone Number	Business Phone Number	
Email Address		

* The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

BACKGROUND QUESTION
<p>If you answer yes to the following question, you must complete the Explanation for Background questions sections (page 3). Make additional copies as needed. You must provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied for each occurrence. If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.</p>
<p>Since the filing of the original application for CPA examination, have you been convicted or found guilty of, or entered a plea of nolo contendere or guilty, regardless of adjudication, to a crime in any jurisdiction, or are you currently under criminal investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><i>This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</i></p>



EXPLANATION FOR BACKGROUND QUESTION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION FOR BACKGROUND QUESTION	
Offense	
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Penalty/Disposition	
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

AFFIRMATION BY WRITTEN DECLARATION	
Must be signed by applicant	
<p>I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.</p> <p>I certify that I have the amount of experience required, if any, and have submitted the appropriate work experience form.</p> <p>I have read the laws and rules that govern the practice of public accountancy in Florida and pledge to comply with applicable standards of practice upon licensure. (Chapters 455 and 473 Florida Statutes and Chapter 61H1 of the Florida Administrative Code)</p> <p>I understand the types of misconduct for which disciplinary proceedings may be initiated.</p> <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	