

West Virginia Board of Accountancy

405 Capitol Street, Suite 908
Charleston, WV 25301-1744
(304) 558-3557 Fax (304) 558-1325

Fee: \$85.00

APPLICATION FOR ACTIVATION OF LICENSE

Full Name _____ Social Security No. _____

Present Residence Address _____

Name of Employer or Practice Name if Self-Employed _____

Present Business Address _____
Street City State Zip

Telephone Number(s) _____ E-mail: _____
Business Residence

Certificate Number Originally Assigned by this Board _____ Date of Original Certificate : _____

Date of most recent fiscal year end for which you were licensed: June 30, _____

Unless otherwise requested, licenses will be issued for a period to begin on the approval date and expire on the 30th day of June following the date of issue. (If you are making application in April or May, you may want to time the submission of your application for a July 1 effective date. Otherwise, you will be required to renew your license to practice for the period beginning July 1 to June 30. Please be aware that you are prohibited from offering accounting services or signing as a CPA until the effective date of an approved CPA license.)

Please make this license to practice effective on (date) _____. (no later than 45 days after making application.)

Since your original application for licensure in this State:

- (1) Have you ever been convicted of a felony? Yes _____ No _____
- (2) Have you ever been convicted of a misdemeanor other than a minor traffic violation? Yes _____ No _____
- (3) Have you ever been found by a governing body or a state or federal agency to have committed a violation of the statutes or rules governing CPAs or PAs in the practice of accountancy? Yes _____ No _____
- (4) Have you ever been a defendant in any legal proceeding in relation to your individual conduct, competence or ethics in your practice as a CPA? Yes _____ No _____
- (5) Have you ever been censured, admonished or reprimanded or had your certificate or license revoked or suspended by any State's licensing board? Yes _____ No _____
- (6) Have you ever been censured, admonished or reprimanded or had membership revoked or suspended in any accounting professional organization (such as the AICPA, National Association of Public Accountants, or any State Society of CPAs or Public Accounting organizations)? Yes _____ No _____
- (7) Have you been refused admission to practice accounting or any other occupation by any state or federal licensing board? Yes _____ No _____
- (8) Have you been disciplined, reprimanded or sanctioned by any governmental agency? Yes _____ No _____

(If your answer to any of the above eight questions is **YES**, enclose complete details regarding your answer with application).

**WEST VIRGINIA BOARD OF ACCOUNTANCY
CPE REPORTING FORM**

For Submission With Activation Of License and Reinstatement of License Applications
(PHOTOCOPY AS NECESSARY)

Total Course Hours ***	Ethics Course Hours	COURSE CLASSIFICATIONS			COURSE PROVIDER	COURSE LOCATION	TITLE OF COURSE, PROGRAM OR PUBLICATION	DATE(S) ATTENDED, COMPLETED OR PUBLISHED
		FIELD OF STUDY #	CATEGORY CLAIMED #	SOURCE #				

COURSE CLASSIFICATIONS

(PLEASE USE INFORMATION BELOW FOR THE APPROPRIATE COLUMNS ABOVE)

- | | | |
|-------------------------|--|--------------------------------|
| FIELD OF STUDY | CATEGORY CLAIMED | SOURCE |
| 1 ACCOUNTING & AUDITING | 1 LIVE PRESENTATION | 1 WV PUBLIC ACCOUNTANTS ASSOC. |
| 2 ADVISORY SERVICES | 2 COLLEGE CREDIT | 2 LOCAL CHAPTER OF CPAs |
| 3 MANAGEMENT | 3 SELF-STUDY/PAPER EXAM | 3 WV SOCIETY OF CPAs |
| 4 PERSONAL DEVELOPMENT | 4 VIDEO/SELF-STUDY WITH PAPER EXAM | 4 OTHER STATE CPA SOCIETY |
| 5 SPECIALIZED KNOWLEDGE | 5 VIDEO/LIVE GROUP STUDY | 5 FIRM/OTHER ASSOCIATION |
| 6 TAXATION | 6 INTERACTIVE/WEB-BASED SELF-STUDY | 6 FIRM PROVIDED IN-HOUSE |
| 7 GOVERNMENTAL | 7 WEBINAR/LIVE GROUP INTERNET* | 7 COLLEGE OR UNIVERSITY |
| 8 ETHICS | 8 LIVE TELECONFERENCE/SATELLITE LINK* | 8 AICPA |
| 9 FINANCE | ----- | 9 NASBA APPROVED SPONSOR |
| 10 BUSINESS LAW | 9 I LEAD THE DISCUSSION | 10 WV GOVERNMENTAL AGENCY |
| | 10 I TAUGHT THIS COURSE | 11 IRS OR OTHER FEDERAL AGENCY |
| | 11 I AM THE AUTHOR OF THIS PUBLISHED ARTICLE OR BOOK | 12 OTHER |
| | (provide copy of publication with reporting form) | |

REQUIRED INFORMATION

WV LICENSE # _____
 NAME _____
 EMPLOYER _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME ADDRESS _____
 HOME CITY, STATE, ZIP _____
 HOME PHONE: _____ BUSINESS PHONE: _____

You must secure and report 40 hours of CPE credit, including 4 hours in the subject of Ethics, within the previous two calendar years and the portion of the year for which the application for Reinstatement of License or Activation of License is being filed.

E-mail Address: _____

TOTAL HOURS SECURED _____ Total Ethics Hours Secured: _____

QUESTIONS

Contact the Board Office at:
 Phone: (304) 558-3557
 Fax: (304) 558-1325

wvboa@wv.gov
 http://www.boa.wv.gov/

By signing and dating below, I am certifying under penalties of perjury and false swearing, that the information I am submitting on this form is true and correct to the best of my knowledge.

SIGNATURE: _____