



MAIL COMPLETED APPLICATION AND FEES TO:

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
 Phone: (907) 269-4712 ★ Fax: (907) 269-8156
 E-mail: license@alaska.gov
 Website: www.commerce.alaska.gov/occ/

CPA

For Division Use Only

**APPLICATION TO RESUME ACTIVE PRACTICE
 CERTIFIED PUBLIC ACCOUNTANT LICENSE**

Please refer to the last page of this application for information concerning reactivation of an inactive license. The current fee for reactivation is \$150.00.

All applicants for reactivation to active status must submit documentation of 120 hours of continuing education in the 36 months immediately before the date of the application for reactivation to active status.

Full Legal Name:	Last	First	Middle	Alaska CPA License Number:	
Mailing Address: Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address				
	City		State	Zip Code	
Daytime Phone:			Date of Birth:		
E-Mail Address:				I prefer correspondence via: <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail	
APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. (per AS 08.01.100)				Social Security Number	

List all Jurisdictions in which you hold or have held licenses to practice public accountancy.

State or Jurisdiction	License or Permit Number	First Issue Date	Expiration Date	Periods of Lapse?

PAST EXPERIENCE

Are you presently in practice? Yes No If yes, give business name and location. Number of years: _____

(Street)

(City, State, ZIP Code)

Have you practiced public accountancy in Alaska during the period your license was in inactive status? Yes No

If you answered "yes" to the question above, you must attach a written explanation.

CONTINUED ON REVERSE

PERSONAL DATA

Since the date of your last application for an Alaska CPA or PA license:

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever had the right to practice before a federal or state agency denied, suspended, or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever been convicted of any crime of which dishonesty or fraud was an essential element under the laws of any state or of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever been found guilty of gross negligence in the practice of public accounting, or other acts discreditable to the accounting profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever committed an act in another state for which the holder of a license or permit would be subject to discipline in Alaska? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you ever had an application for a fidelity or surety bond denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what date? _____ | | |
| Name of Surety Company _____ | | |
| Address _____ | | |

If you answered "yes" to any of these questions, please submit a detailed statement of explanation and legal documentation, if applicable. All information supplied with applications is considered public information except information considered confidential by state or federal law. Information about licensees, including mailing addresses, is available from the Division's website at: www.commerce.alaska.gov/occ under License Search.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, the statements contained in this application are true and correct, and that all credentials supplied by me to support my application are true and correct. I understand that any falsification of credentials may result in failure to obtain certification in the State of Alaska or subsequent revocation of my license.

Signature of Applicant

Date of Application

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

**EVIDENCE SUBSTANTIATING ALL CONTINUING EDUCATION HOURS
MUST BE SUBMITTED ALONG WITH THIS FORM**

**I. EDUCATION PROGRAMS ATTENDED
ATTACH A SEPARATE SHEET AS NECESSARY**

COMPLETE NAME AND ADDRESS OF PROGRAM SPONSOR, I.E., SCHOOL FIRM OR ORGANIZATION CONDUCTING PROGRAM INCLUDING CHAPTER LOCATION OR BRANCH OFFICE, ETC.		LOCATION OF PROGRAM (CITY)	TITLE OF PROGRAM OR DESCRIPTION OF CONTENT	DATES ATTENDED (DAY, MONTH, YEAR)	HOURS CLAIMED
1					
2					
3					
4					
5					
TOTAL					

II. CORRESPONDENCE OR INDIVIDUAL STUDY PROGRAMS

COMPLETE NAME AND ADDRESS OF PROGRAM SPONSOR, I.E., SCHOOL FIRM OR ORGANIZATION CONDUCTING PROGRAM INCLUDING CHAPTER LOCATION OR BRANCH OFFICE, ETC.	TITLE OR PROGRAM OR DESCRIPTION OF CONTENT	DATES COMPLETED (DAY, MONTH, YEAR)	HOURS CLAIMED
TOTAL			

III. SPEAKER, DISCUSSION LEADER OR INSTRUCTOR

(30 hours per licensing period maximum)

COMPLETE NAME AND ADDRESS OF PROGRAM SPONSOR, I.E., SCHOOL FIRM OR ORGANIZATION CONDUCTING PROGRAM INCLUDING CHAPTER LOCATION OR BRANCH OFFICE, ETC.	LOCATION OF PROGRAM (CITY)	TITLE OF PROGRAM OR DESCRIPTION OF CONTENT	DATE OF PROGRAM	HOURS CLAIMED	
				PREPARATION	PRESENTATION
TOTAL					

IV. PUBLISHED ARTICLES AND BOOKS

PUBLISHER	TITLE OF PUBLICATION	DATE PUBLISHED	HOURS CLAIMED	ARTICLE ATTACHED?
TOTAL				

GRAND TOTAL OF CONTINUING EDUCATION HOURS	
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12 AAC 04.430. INACTIVE LICENSES. (a) To obtain or renew an inactive license under AS 08.04.410, the holder of a license must submit

- (1) an application on a form provided by the department; and
- (2) the fee set out in 12 AAC 02.340(5).

(b) To resume the active practice of public accounting, the holder of an inactive license must submit

- (1) an application on a form provided by the department;
- (2) the applicable fee set out in 12 AAC 02.340; and

(3) documentation that shows the applicant's completion of at least 120 hours of approved continuing education, in accordance with 12 AAC 04.310 – 12 AAC 04.410, during the 36 months immediately before the date of the application; no more than 16 of the hours required in this paragraph may be from continuing education programs described in 12 AAC 04.360(5).

(c) The hours of continuing education required in (b) of this section do not satisfy the continuing education requirement for a subsequent renewal of the reactivated license.

(d) Notwithstanding 12 AAC 04.300, a licensee whose license has been reactivated under this section shall complete at least

(1) 10 hours of approved continuing education for each full calendar quarter between the date that the license was reactivated and the next renewal date; or

(2) *repealed 7/25/2001*;

(3) 80 hours of approved continuing education between the date that the permit was reactivated and the next renewal date.

Authority: AS 08.04.070 AS 08.04.410 AS 08.04.425