GEORGIA STATE BOARD OF ACCOUNTANCY APPLICATION FOR REINSTATEMENT OF CPA LICENSE

GENERAL INSTRUCTIONS

Please read these instructions carefully and be familiar with the laws and rules governing the practice of accountancy in the State of Georgia. Visit the following website for information: www.gsba.georgia.gov. Board Rule 20-10-.04 concerning reinstatement of licensure is enclosed within this application.

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review the check list below and this application before you submit it to ensure that all information and documentation is complete and correct. Background Investigation Consent Form - This form must be completed, signed and returned with your application or your complete application will be returned. "EMPLOYMENT ACTIVITIES SINCE LAST RENEWAL" - Section must be completed. Non-refundable Application Fee of \$300.00 (check or money order) made payable to Georgia State Board of Accountancy must be enclosed. "REASON FOR FAILING TO RENEW" - Section must be completed. Continuing Professional Education Report - The required number of completed credits of continuing professional education must be reported for reinstatement. See the table below for the number of credits required for reinstatement of license. If you do not have the required credits, your complete application will be returned and you have 90 days from the date of the notification letter to re-submit the application without an additional fee. CPE REQUIREMENTS You are required to have obtained 40 credits of CPE per year, not to exceed 160 credits. You may be required to show proof of this if randomly audited. See Board Rule 20-11-.02 (1) for more information regarding CPE. A minimum of 50% of total credits must be in Technical Fields of Study subjects and at least 80 credits must have been earned during the 24 months immediately preceding the date of the Reinstatement Application. (Reinstatement Application must be signed the date it is mailed.) For instance, if you sign the Reinstatement Application on 1/1/2024, your 80 credits would be from 1/1/2022 to 1/1/2024. Credits earned in 2024 and 2025 may also be used for the 12/31/2025 renewal reporting period. CPE requirements must be completed BEFORE submitting the Reinstatement Application. To illustrate this requirement: If your license lapsed 12/31/23 you are required to show 80 credits in the 24 months preceding the date of this application. If your license lapsed 12/31/21 or prior, you are required to show 160 credits and may use credits from 1/1/2020 and forward for all

credits except for the most recent 80 credits which must be in the 24 months preceding the date of this application.

For Board Use Only	
Date of Review	_
Approved	_
Disapproved	



For Board Use Only	
Fee PaidCheck #	
DateApplicant #	
Receipt #	

GEORGIA STATE BOARD OF ACCOUNTANCY

200 Piedmont Ave. SE, Suite 1604 West Tower - Atlanta, Georgia 30334 - (404) 463-0365 www.gsba.georgia.gov

APPLICATION FOR REINSTATEMENT OF CPA LICENSE

(Application will be returned if all questions are not answered)

Reinstatement Fee: \$300.00 (Non-Refundable)

PLEASE PRINT OR TYPE

	Name on License	rst Mi	ddle	Last	
			Date of Birth		
	*THIS INFORMATION IS AUTHORIZE	ED TO BE OBTAINED & DISCLOSED TO STATI C.A. SECTION 551 & 20 U.S.C.A. SECTION 10	E & FEDERAL AGENCIES PURSUAN		
	Physical Address				
	Mailing Address	Number and Street (P.O. Box not acceptable	e) Apt. No.	City/State	Zip
	(if different than Street address)	Street, P.O. Box	Apt. No.	City/State	Zip
	Telephone Number Day	_(Cell Phone Number	()	
	Present Employer				
	Business Address				
).	Main Contact Email	Number and Street	City	State	Zip
r e tate	ntered a plea of guilty, nolo co	ewal, have you been convicted of a fel intendere, or sentenced under the "First ck below and attach copy of conviction	st Offender Act', or been sand	tioned by this or anoth	ner
\equiv	NO YES (1	If YES, attach a certified copy	of conviction, plea or so	anction)	

12. REASON FOR FAILING TO RENEW:
APPLICANT AFFIDAVIT: I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.
By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the State Board of Accountancy, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):
1)I am a United States citizen. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.
I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.
The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.
In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.
Executed in(city),(state).
Signature of Applicant
Printed Name of Applicant
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
DAY OF, 20
NOTARY PUBLIC My Commission Expires:

IMPORTANT:	Please see the following for continuing professiona	al education report & page 8 for copy of rule #20-10-
04.		

	CONTINUING PROFESSIONAL EDUCATION REPORT	
NAME:		

THIS PAGE MUST HAVE TOTALS FOR <u>Technical</u> CRE<u>DITSAND Non-Technical</u> CREDITS. APPLICATION WILL BE RETURNED IF THESE COLUMNS ARE NOT COMPLETE. THE BOARD WILL NOT TOTAL YOUR CPE HOURS. (See page 8 for copy of rule #20-10-.04 (REINSTATEMENT) effective January 1, 2024 for current requirement.) YOU ARE NOT REQUIRED TO SUBMIT DOCUMENTATION OF CONTINUING EDUCATION HOURS UNLESS YOU ARE AUDITED.

School, Firm or Organization Conducting Program	Title of Program or Description of Content	Principal Instructor	Dates Attended	Accounting & Auditing	All Other Subjects

School, Firm or Organization Conducting Program	Title of Program or Description of Content	Principal Instructor	Dates Attended	Accounting & Auditing	All Other Subjects
	Sub Total Ho				
		URS CLAIMED			
Looptify undownsalter of	<u> </u>	of all statements a			as made in this year out
recently under penalty of per	jury to the truth and accuracy	or an statements, a	mswers and	1 epresentation	is made in this report.
Signature			Date		



GEORGIA STATE BOARD OF ACCOUNTANCY 200 Piedmont Avenue SE, Suite 1604 West Tower Atlanta, Georgia 30334 (404) 463-0365

CONSENT FORM

I hereby authorize the State Board of Accountancy ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Pr	rint)			_
Physical Add	lress (P.O. Boxes <u>N</u>	OT Accepted)		_
Sex	Race	Date of Birth	Social Security Nun	_ nber
This at		or 90/180/(circle o	ne) days from date of signature ve consent to the Board to per of my licensure with this state.	
	Signature of Applicar	nt –	Date	
Working w	re provisions (check i with mentally disable with elder care with children			

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name
Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia
The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.
The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.
A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR §274a.2]
A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]
A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

RULES OF THE GEORGIA STATE BOARD OF ACCOUNTANCY

20-10-.04 REINSTATEMENT

20-10-.04 Reinstatement. Amended.

- (1) An application for reinstatement of an expired permit shall be accompanied by:
 - (a) A reinstatement fee of \$300.00; and
 - (b) Evidence satisfactory to the Board, of the completion of continuing professional education as specified below:
 - 1. Forty credits of continuing professional education for each year since the last renewal of the permit or since the initial issuance of the permit, whichever is less, up to a maximum of 160 credits.
 - 2. At least fifty percent of the total credits required must be earned in Technical Fields of Study subjects.
 - 3. At least 80 of the continuing professional education credits must have been completed during the 2-year period immediately preceding the date of application for reinstatement.
 - 4. The credits required may be counted toward fulfilling the continuing professional education requirements for the next biennial renewal, if they were completed during the applicable period for renewal.
 - 5. No carryover credits may be used to satisfy continuing professional education requirements for reinstatement of an expired permit.
 - (c) The Board may, however, accept in lieu of the continuing professional education requirements other evidence of continued competency including, but not limited to, the passing of an examination approved by the Board.
- (2) In considering the application for reinstatement the Board may conduct an investigation of the applicant to determine, among other things, if the applicant engaged in the practice of public accountancy during the period that the applicant was not the holder of a live permit to practice public accountancy. Based on the results of that investigation, the Board may deny the application for reinstatement.