

**APPLICATION FOR MINNESOTA REGISTERED
 ACCOUNTING PRACTITIONER (RAP) REGISTRATION**

APPLICATION FEE - \$50.00

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security Number</u>	<u>Former Name, if applicable</u>
<u>Date of Birth</u>		<u>Email address</u>		
<u>Home Address</u>				<u>Prefer mail sent to:</u> <input type="checkbox"/> Home <input type="checkbox"/> Work
<u>Home Phone</u>		<u>Work Phone</u>	<u>Daytime Fax</u>	
EDUCATION				
Degree type (Check One) <i>Submit an official transcript with your application.</i>			College or University Name	
<input type="checkbox"/> Associate Degree or Diploma in Accounting			_____	
<input type="checkbox"/> Equivalent Education consisting of 60 semester hours			_____	
Date ACAT exam was successfully completed _____ <i>Include the original copy of the ACAT exam results with your application.</i>			Score _____	
Have you ever been convicted by any Court or other body of any crime, misdemeanor or other discreditable act?				<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you ever been suspended or expelled from any professional organization?				<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you ever held a CPA certificate and/or similar license in Minnesota or any other state?				<input type="checkbox"/> Yes** <input type="checkbox"/> No
*If yes, provide a separate statement of explanation.			** If yes, what state(s)?	
The statements given in this application are true and correct to the best of my knowledge and belief. I have not withheld any information which may have bearing on this application.				
Signature _____			Date _____	

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EXPERIENCE VERIFICATION FORM

_____ is applying for a RAP registration. The Minnesota Board of Accountancy would appreciate receiving any information you may have which could have a bearing on the applicant's registration as a Registered Accounting Practitioner. Please complete and return this form to the Board of Accountancy office as soon as possible.

Experience (to be completed by RAP applicant)

Name and address of company where experience was obtained	Dates of Employment	Number of hours of qualifying experience obtained

Describe in detail the nature of the work performed:

Verification (to be completed by verifying CPA or RAP)

Do you believe the above information is accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know of any reason the applicant should not be considered for registration as a RAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you recommend the applicant for registration as a RAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please supply additional information you believe is important. (Attach additional sheets as necessary.)

I have read the above and believe it to be true, correct and complete to the best of my knowledge. I understand that I may be asked to substantiate the basis for my verification.

<u>CPA Certificate Number</u>	<u>RAP Registration Number</u>
<u>Signature</u>	<u>Print your name</u>

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Education requirement

- Minimum of an Associate degree or diploma in accounting from an accredited college or university or an equivalent education.
- Equivalent education shall consist of at least 60 semester hours from an accredited college or university in the subject areas of Accounting (18), Business-related (18) and general education/other (24).
- **A final official transcript shall be submitted with the application.**

Examination Requirement

- Applicants shall successfully pass all sections of a RAP examination designed to test knowledge in the subjects of accounting and compilation services, business law, and taxation with a minimum score of 75%.
- Applicants must comply with the RAP examination application process specified by the RAP examination vendor designated by the Board and pay any fees required to take the RAP examination. The chosen vendor for the RAP exam is the Accreditation Council for Accountancy and Taxation.
- **An original of the ACAT examination results shall be filed with the application.**

Experience Requirement

- Applicants shall have one year of acceptable experience consisting of providing any type of service or advice using accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills.
- Applicants shall have their experience verified to the Board by a CPA or Registered Accounting Practitioner. Acceptable experience includes employment in industry, government, academia, or public practice. The Board shall look at such factors as the complexity and diversity of the work.
- One year of experience consists of full- or part-time employments that extends over a period of no less than one year and no more than three years, and includes no fewer than 2,000 hours of performance of services described above.
- A CPA or RAP who has been requested by an individual to submit to the board evidence of the individual's experience and has refused to do so shall, upon request by the board, explain in writing or in person the basis for the refusal.
- The Board may require a CPA or RAP who has furnished evidence of an applicant's experience to substantiate the information.
- The Board may inspect documentation relating to an applicant's claimed experience.
- **An experience verification form signed by a CPA or RAP shall be mailed to the Board office with the application.**

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RAP REGISTRATION APPLICATION CHECKLIST

1. Complete the application thoroughly. (Attach additional pages as necessary.)
2. Include the \$50.00 application fee.
Make checks payable to "Minnesota Board of Accountancy".
3. Enclose your final official transcript.
4. Enclose the original of your ACAT examination results.
5. Have your experience verification form completed and signed by a CPA/RAP.
6. Sign and date your application.
7. Mail application and fee to the address listed at the top of the application form.

Once all of the required documents are received, your application will be presented to the Exam and Credentialing Committee at the next regularly scheduled Board meeting.

If you have questions regarding your application, please call the Board office at 651-296-7938.

Data Practices Act Warning

The data you furnish on this application will be used by the Minnesota Board of Accountancy to assess your qualifications for permit to practice. You are not legally required to provide this data; however, if you fail to do so, the Board of Accountancy will be unable to process this application. Disclosure of your Social Security Number is required by Minnesota Statute, Section 270.066 (2002) and may be requested and released to the Commissioner of Revenue. Some of the information contained on this application is public, pursuant to Minnesota Statutes.