TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
(512) 305-7851
FAX (512) 305-7875

333 Guadalupe, Tower 3, Suite 900
Austin, TX 78701-3900
www.tsbpa.texas.gov

APPLICATION OF INTENT

REFER TO THE INSTRUCTIONS AND CHECK LIST
NOTE: THIS APPLICATION EXPIRES TWO YEARS FROM THE DATE OF SUBMISSION

CONSIDER THIS APPLICATION UNDER THE FOLLOWING CONDITIONS

CHECK ONE ONLY

◯ Transfer of Credit Earned from the CPA Exam ($100)

◯ Evaluation of Education ($20)

Application must be accompanied by check or money order in U.S. dollars. DO NOT SEND CASH.

TAPE PHOTO HERE

Do not staple.

Refer to **Application of Intent Instructions** for additional information.

PERSONAL INFORMATION
(PROVIDED TO NATIONAL CANDIDATE DATABASE)

Social Security Number _____

Legal Name Last _____ First _____

Middle _____ Suffix _____

GOVERNMENT-ISSUED IDENTIFICATION (Type of Document Submitted): (Check One)

◯ Driver's License ◯ Identification Card ◯ U.S. Passport ◯ Foreign Passport

Name as it appears on government-issued identification document _____

Primary Mailing Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Province _____ Country _____

Primary Phone _____ Secondary Phone _____

FAX _____ **Email** _____

HOW WOULD YOU LIKE TO RECEIVE COMMUNICATION FROM THE BOARD?

◯ U.S. Mail ◯ Telephone ◯ FAX ◯ Email

SEX: ◯ Male ◯ Female Date of Birth: Month _____ Day _____ Year _____

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Name _____ Social Security Number _____

EDUCATION

Attach transcripts from each college or university attended and list below. (Use additional sheets if needed.)

Highest Degree Earned _____ Total Semester Hours Completed _____ Semester Hrs Completed in Accounting _____ Semester Hrs Completed in Related Business _____

FICE COLLEGE CODE	NAME AND ADDRESS OF COLLEGE / UNIVERSITY	DATES ATTENDED FROM MO	FROM YR	TO MO	TO YR	DEGREE	GRADUATION DATE	

Business law may be counted only under Related Courses; review courses may not be counted. See Instruction Sheet for acceptable courses. QUARTER HOURS convert by 2/3 to semester hours. DO NOT ROUND UP.

ACCOUNTING COURSES COMPLETED

	COURSE NO.	ACCOUNTING COURSE TITLE	TRADITIONAL OR DISTANCE LEARNING?		COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
1			◯ Traditional	◯ DL		
2			◯ Traditional	◯ DL		
3			◯ Traditional	◯ DL		
4			◯ Traditional	◯ DL		
5			◯ Traditional	◯ DL		
6			◯ Traditional	◯ DL		
7			◯ Traditional	◯ DL		
8			◯ Traditional	◯ DL		
9			◯ Traditional	◯ DL		
10			◯ Traditional	◯ DL		

TOTAL COMPLETED SEMESTER HRS OF ACCOUNTING COURSES _____

Required accounting research and analysis course was a(n) ◯ stand-alone ◯ integrated course.

Course No. _____ Course Title _____ College/Univ _____ Sem. Hrs _____

Course No. _____ Course Title _____ College/Univ _____ Sem. Hrs _____

RELATED BUSINESS COURSES AND ETHICS COURSE COMPLETED

	COURSE NO.	COURSE TITLE	TRADITIONAL OR DISTANCE LEARNING?		COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
1			◯ Traditional	◯ DL		
2			◯ Traditional	◯ DL		
3			◯ Traditional	◯ DL		
4			◯ Traditional	◯ DL		
5			◯ Traditional	◯ DL		
6			◯ Traditional	◯ DL		
7			◯ Traditional	◯ DL		
8			◯ Traditional	◯ DL		
Ethics			◯ Traditional	◯ DL		

TOTAL COMPLETED SEMESTER HRS OF RELATED BUSINESS COURSES _____

Required Business/Accounting Communications course was a(n) ◯ stand-alone ◯ integrated course.

Course No. _____ Course Title _____ College/Univ _____ Sem. Hrs _____

Course No. _____ Course Title _____ College/Univ _____ Sem. Hrs _____

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Name _____ **Social Security Number** _____

BUSINESS INFORMATION (NOT PROVIDED TO THE NATIONAL CANDIDATE DATABASE)

Employer's Name _____

CANDIDATE'S ALTERNATE MAILING ADDRESS

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Province _____

Country _____

AFFIDAVIT OF APPLICANT

		Initial	
◯ Yes	◯ No	_____	Have you ever been arrested or charged with a crime by any state or local government or by the federal government? If "YES," complete and submit a Background Statement form. Misdemeanors should be included. You are not required to report criminal records that have been expunged or sealed by an order of the court. You are required to report criminal records subject to a non-disclosure order.
◯ Yes	◯ No	_____	Have you ever been convicted or placed on deferred adjudication for a felony or a misdemeanor crime by any state or local government or by the federal government? If "YES," complete and submit a Background Statement form. Misdemeanors should be included. You are not required to report criminal records that have been expunged or sealed by an order of the court. You are required to report criminal records subject to a non-disclosure order.
◯ Yes	◯ No	_____	Do you currently reside, or have you resided for any part of the last two years, outside the United States or its territories? If "YES," you must provide evidence of good moral character. (See *Background Investigation* for further information.)
◯ Yes	◯ No	_____	I am requesting testing accommodations under the Americans with Disabilities Act of 1990.
◯ Yes	◯ No	_____	Do you presently hold a professional license of any type in any state?
◯ Yes	◯ No	_____	Have you ever been denied, revoked, or suspended from holding any type of professional license in any state?
◯ Yes	◯ No	_____	Have you ever applied to take the Uniform CPA Examination in the state of Texas?
◯ Yes	◯ No	_____	Have you ever applied to take the Uniform CPA Examination in any state? (If "YES," indicate in which state.)
◯ Yes	◯ No	_____	Have you answered all questions truthfully and provided accurate information on each page of the Application of Intent and on all supporting documents to the best of your knowledge?
◯ Yes	◯ No	_____	I acknowledge that by submitting the Application of Intent I am subject to the *Public Accountancy Act* (Chapter 901 of the Occupations Code), the Texas State Board of Public Accountancy *Rules of Professional Conduct*, and all other rules promulgated by the Board. Any violations of the *Act* or its rules prior to licensure could be cause by the Board to take disciplinary action against a candidate, a certificate holder, or deny the issuance of a certificate.

I acknowledge that my name, mailing address, and primary telephone number are public information as defined by Chapter 552, Texas Government Code, known as the *Public Information Act*, and subject to release upon request.

I authorize the Texas State Board of Public Accountancy to share information about me with the National Association of State Boards of Accountancy for the sole and specific purpose of maintaining the National Candidate Database.

I swear and affirm, under penalty of perjury, that the information contained in this Application of Intent to be accurate and complete to the best of my knowledge.

Remember to sign this document after printing. Application cannot be processed without signature.

Signature _____ Date _____

Print Form