

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

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Austin, TX 78752-3757
www.tsbpa.texas.gov

Applicant Reassessment Program

Name _____ Control # _____

Contact Information

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Phone number _____ Email _____

1. Select the CPA Exam Credits that you earned and lost between January 1, 2020 and January 1, 2024, for which you are requesting reinstatement.

AUD

BEC

FAR

REG

2. Select the extreme hardship occurrence that resulted in the loss of CPA Exam credit.

Serious illness, (including COVID) of the applicant or member of the immediate family which includes a spouse, child, sibling or parent.

Health emergency caused by an accident or pre-existing condition for which the applicant had no control

Death of a member of the immediate family which includes a spouse, child, sibling or parent.

Accident that impacts the applicant.

Military service of the applicant.

Unavailability of CPA Exam sites due to closures and seating limitations

Natural disaster, such as a flood, fire, or severe weather event, that impacts the applicant.

Acts of God

Other (briefly describe) _____

3. Provide a detailed statement of the unforeseeable and uncontrollable extreme hardship event along with documentation that substantiates the event.

I swear or affirm that the information contained in this Applicant Reassessment Program form is accurate and complete to the best of my knowledge. I also acknowledge that any falsification of a government record is subject to criminal penalties.

Signature _____ Date _____

This form along with required documentation may be emailed or mailed to the following address. Please allow 10 business days for consideration and response.

Texas State Board of Public Accountancy
505 E Huntland Dr. Suite 380
Austin Texas 78752
exam@tsbpa.texas.gov