

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

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

505 E. Huntland Drive, Suite 380
Austin, TX 78752-3757
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

- ☐ Evaluation of Education (\$20)
- ☐ Transfer of Credit Earned from
the CPA Exam (\$100)

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

- ☐ U.S. Veteran - Exempt (See Instructions)

- ☐ Waiver of Fee (See Instructions)

Do NOT send payment.

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 TSBPA Control # (if assigned)

Legal Name Last First

Middle Suffix Other Names You've Used

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

Email

HOW WOULD YOU LIKE TO RECEIVE COMMUNICATION FROM THE BOARD?

- ☐ Email ☐ U.S. Mail ☐ Telephone

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. See instructions. (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				DEGREE	GRADUATION DATE
		FROM	TO	MO	YR		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

See Instruction Sheet for acceptable courses by category. QUARTER HOURS convert by 2/3 to semester hours. DO NOT ROUND UP.

ACCOUNTING COURSES COMPLETED THAT MEET CATEGORY 1 (12 SEMESTER CREDIT HOURS REQUIRED)

COURSE NO.	ACCOUNTING COURSE TITLE	COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNTING COURSES COMPLETED THAT MEET CATEGORY 2 (9 SEMESTER CREDIT HOURS REQUIRED)

COURSE NO.	ACCOUNTING COURSE TITLE	COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL COMPLETED SEMESTER HRS OF ACCOUNTING COURSES

RELATED BUSINESS COURSES COMPLETED

COURSE NO.	COURSE TITLE	COLLEGE OR UNIVERSITY	SEM. HRS OR EQUIV
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL COMPLETED SEMESTER HRS OF RELATED BUSINESS COURSES

Required 2 semester credit hours of Business/Accounting Communications courses:

Course No. <input type="text"/>	Course Title <input type="text"/>	College/Univ <input type="text"/>	Sem. Hrs <input type="text"/>
Course No. <input type="text"/>	Course Title <input type="text"/>	College/Univ <input type="text"/>	Sem. Hrs <input type="text"/>

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BUSINESS INFORMATION, IF EMPLOYED (NOT PROVIDED TO THE NATIONAL CANDIDATE DATABASE)

Employer's Name

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 a certificate indicating a lack of a history of dishonest or felonious acts from your country of residence. (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 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 or affirm that the information contained in this Application of Intent to be accurate and complete to the best of my knowledge. I also acknowledge that any falsification of a government record is subject to criminal penalties.

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

Signature

Date