

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.state.tx.us

APPLICATION OF INTENT

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

PHOTOS REQUIRED

CONSIDER THIS APPLICATION UNDER THE FOLLOWING CONDITIONS

CHECK ONE ONLY

- ☐ Transfer of Credit (\$100)
☐ Evaluation (\$50)

PHOTO ONE

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

PHOTO TWO

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 (Check One) ☐ Driver's License ☐ Identification Card ☐ US 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

MO _____

DAY _____

YR _____

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Name _____

Social Security Number _____

EDUCATION

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

Highest Degree
Earned _____

Semester Hours Completed
in Accounting _____

Total Semester
Hours Completed _____

Semester Hours Completed
in Related Business _____

| FICE COLLEGE CODE | COLLEGE/UNIVERSITY | DATES ATTENDED | | | | DEGREE | GRADUATION DATE | |
|-------------------------|--------------------|----------------|----|----|----|--------|--------------------|------|
| | | FROM | | TO | | | MONTH | YEAR |
| | | MO | YR | MO | YR | | | |
| | | | | | | | | |
| | Name and Address | | | | | | | |
| | Name and Address | | | | | | | |
| | Name and Address | | | | | | | |

ACCOUNTING COURSES COMPLETED

*List courses. Do not include business law or any review courses. Acceptable courses are shown on the Instruction Sheet. If you earned **QUARTER HOURS** they convert by 2/3 to semester hours. **DO NOT ROUND UP.***

| | COURSE NUMBER | ACCOUNTING COURSE TITLE | TRADITIONAL OR DISTANCE LEARNING | UNIVERSITY | SEMESTER HOURS OR EQUIVALENT |
|----|------------------|----------------------------|--|------------|------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

TOTAL COMPLETED SEMESTER HOURS OF ACCOUNTING COURSES >

RELATED BUSINESS COURSES AND ETHICS COURSE COMPLETED

*List courses. Do not include any review courses. Acceptable courses are shown on the Instruction Sheet. If you earned **QUARTER HOURS** they convert by 2/3 to semester hours. **DO NOT ROUND UP.***

| | COURSE NUMBER | RELATED BUSINESS COURSE TITLE | TRADITIONAL OR DISTANCE LEARNING | UNIVERSITY | SEMESTER HOURS OR EQUIVALENT |
|--------|------------------|-------------------------------|--|------------|------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| ETHICS | | | | | |

TOTAL COMPLETED SEMESTER HOURS OF RELATED BUSINESS COURSES >

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Name _____

Social Security Number _____

BUSINESS INFORMATION (NOT PROVIDED TO THE NATIONAL CANDIDATE DATABASE)

Employers Name _____

Alternate Mailing Address _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Province _____

Country _____

AFFIDAVIT OF APPLICANT

| Yes | No | Initial |
|-----|----|---------|
|-----|----|---------|

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

Have you ever been arrested for or charged with a crime in any state or by the federal government? Minor misdemeanors should be included. Do not include confidential information sealed by court order. If "YES", attach a detailed statement.

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

Have you ever been convicted or placed on deferred adjudication of a felony or a misdemeanor crime, in any state or by the federal government? Do not include confidential information sealed by court order. If "YES", attach a detailed statement.

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

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.)

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

I am requesting testing accommodations under the Americans with Disabilities Act of 1990.

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

Do you presently hold a professional license of any type in any state?

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

Have you ever been denied, revoked, or suspended from holding any type of professional license in any state?

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

Have you ever applied to take the Uniform CPA Examination in the state of Texas?

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

Have you ever applied to take the Uniform CPA Examination in any state? (If "YES", indicate which state.)

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

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?

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--------------------------|--------------------------|-------|

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.

Signature _____

Date _____