California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833
(916) 263-3680
www.cba.ca.gov

Consumer Protection Through Licensure, Enforcement, and Regulation

Attached are the proposed versions of forms incorporated by reference in California Code of Regulations, title 16. Modifications to the initially proposed forms are identified by double underline and ~~double strikethrough~~, with differences between the November 2025 versions being highlighted.

- Credentials Evaluation Service Application CES-54 (11/25)
- Certificate of Enrollment Form COE-1 (11/25)
- Certificate of General Experience CGE-30 (11/25)
- Certificate of Experience in Academia CEA-29 (11/25)
- Certificate of Attest Experience CAE-7 (11/25)
- Practice Privilege Pre-Notification of Listed Events Form PP-10 (11/25)
- Notification of Cessation of Practice Privilege Form PP-11 (11/25)
- Application for Reinstatement of Practice Privilege PP-12 (11/25)
- Practice Privilege Notification of Pending Criminal Charges PP-15 (11/25)
- Practice Privilege Notification Form PP-16 (11/25)

Credentials Evaluation Service Application

Please provide all requested information listed below.

Name of Applicant Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: ( ) _____ **Fax Number: ( )** _____

Toll-Free Number (if available): ( ) _____

Email Address (if available): _____

Website Address (if available): _____

Name of Contact Person: _____ **Title:** _____

The Organization certifies to the following: *(Check)*

1. It is a member of:
   a. American Association of Collegiate Registrars and Admission Officers; or, _____
   b. National Association for Foreign Student Affairs: Association of International Educators; or _____
   c. National Association of Credential Evaluation Services. _____
2. It complies with its current written procedure for identifying fraudulent transcripts. _____
3. It maintains a complete set of current reference materials that are adequate to prepare complete, accurate evaluations and are the most current editions available. _____
4. It complies with its appeal procedure for applicants. _____

Check one of the following: *(Check)*

5. This is its initial application, and it has, or agrees to establish within thirty days of California Board of Accountancy approval, a minimum six-year document retention policy. _____
6. This is its renewal application, and it complies with a minimum six-year document retention policy. _____

The Following must be included with this application:

1. A copy of its current written procedure for identifying fraudulent transcripts.
2. Resumes or curriculum vitae for each evaluator and translator which provide biographical information, including a list of languages spoken and years in service.
3. Organization ~~C~~chart showing the ratio of senior staff members to junior staff members (not to exceed a one to five ratio).
4. Written evidence that a minimum of 50% of evaluations performed by junior staff members are reviewed by senior staff members (Written evidence means providing, for the previous five years, the total number of evaluations performed, the total number of evaluations performed by junior staff members, and the total number of evaluations performed by junior staff members that were reviewed by senior staff members).
5. A list of at least three accredited colleges and universities or other licensing agencies using its services.
6. Three letters of reference, written within the last year, from public or private agencies.
7. A copy of its appeal procedures for applicants.
8. If evaluations are sent electronically, provide information on how evaluations will be submitted and the steps to authenticate.
~~8~~9. For initial applications only, a sample evaluation that complies with the requirements of Title 16, California Code of Regulations section 9.1(b).

I hereby certify, under penalty of perjury under the laws of the State of California, that I am a person authorized to act for and bind the applicant and that all statements, answers, and representations made on this form and any accompanying attachments are true, complete, and accurate to the best of my knowledge. By submitting this form and signing below, I am granting permission to the California Board of Accountancy to verify the information provided.

Authorized Signature	**Date**
Print or Type Name	**Title**

How to submit this Credentials Evaluation Service Application and, if applicable, any attached pages. One of the following options may be used:

- The evaluation agency may email a completed copy directly to examinfo@cba.ca.gov.
- The evaluation agency may mail the original or a copy of the form

directly to the CBA at 2450 Venture Oaks Way, Suite 300 Sacramento, CA 95833, attention Exam Unit.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The information requested on this application is mandatory pursuant to Business and Professions Code section 5094 and Title 16 CCR section 9.1. Failure to provide all of the information requested will result in the application being rejected as incomplete. The information provided will be used to determine qualification and continued qualification of the applicant for approval by the California Board of Accountancy (CBA) as a credential evaluation service. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the CBA unless the records are exempted from disclosure by law. Individuals may obtain information regarding the location of his or her records by contacting the CBA's Licensing Manager at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833 or (916) 561-1758.

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 5035 and 5094, Title 16 California Code of Regulations section 9.1, and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information~~, in accordance with DCA's Privacy Policy,~~ to determine qualification and continued qualification of the applicant for approval as a credential evaluation service.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for approval of your credentials evaluation service unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1703, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Certificate of Enrollment – Early Entry

Applicants who have not yet met the education requirements to sit for the Uniform Certified Public Accountant Examination (CPA Exam) may qualify for early entry to the examination in accordance with California Code of Regulations (CCR), title 16, section 9.3.

Part 1 - To be completed by the Applicant.

Applicant's Full Name: _____ Date of Birth (mm/dd/yyyy): _____

I have read the following statement: To qualify for authorization from the California Board of Accountancy (CBA) for early entry to the CPA Exam, applicants must be within 180 days of completing the educational requirements for licensure contained in section 5093(a) or 5093.2(a) of the Business and Professions Code at the time of submitting their initial application for an Authorization to Test (ATT) to the CBA. Upon completion of the courses and/or degree listed below, applicants must submit to the CBA satisfactory evidence (see title 16, CCR, sections 9 or 9.2 ~~2.8~~) of completion of that degree or coursework within 240 days of submitting their initial application for an ATT to the CBA.

Applicant's Signature: _____ Date: _____

Name of college/university currently enrolled at: _____

Degree to be conferred, if applicable (BS, BA, MBA): _____ Expected Date (mm/dd/yyyy): _____

Degree Major/Program Title: _____

Part 2 - To be completed or provided by the College/University[1]:

Notice to person completing this form: The applicant who is listed in Part 1 of this form is applying for authorization from the CBA for early entry to the CPA Exam. To qualify, the applicant is required to provide proof of enrolled coursework. Please provide the information requested below pertaining to the enrolled coursework at your college/university for the above-named applicant.

1. Courses in which the applicant is currently enrolled (attach additional pages if needed):

Course Name	Course Number	Number of Credit Hours	Anticipated Completion Date (mm/dd/yyyy)

[1] In lieu of completing Part 2, the CBA will accept other documentation from the college/university if such documentation contains all of the information requested in Part 2 of this form and complies with the submission directions on page 2.

2. Credit hours above are listed in (circle one): *semester* *quarter*

Signature of Dean/Registrar (or delegee): _____ Date: _____

Printed Name: _____ Printed Title: _____

How to submit this form and, if applicable, any attached pages related to Part 2: One of the following options may be used to submit this Certificate of Enrollment:

- The college/university may scan and email a completed copy directly to cbatranscripts@cba.ca.gov~~examinfo@cba.ca.gov~~.
- The college/university may mail the original or a copy of the form directly to the CBA at ~~the address listed in the letterhead on page 1~~2450 Venture Oaks Way, Suite 300 Sacramento, CA 95833~~, attention Exam Unit~~.
- The applicant may mail the original form to the CBA at ~~the address listed in the letterhead on page 1~~2450 Venture Oaks Way, Suite 300 Sacramento, CA 95833~~, attention Exam Unit~~. **Envelope must be sealed by the educational institution.**

~~NOTICE ON COLLECTION OF PERSONAL INFORMATION~~

~~The information requested on this form by the California Board of Accountancy (CBA) is mandatory pursuant to Business and Professions Code section 5093.5 and Title 16 CCR, section 9.3. Failure to provide all of the information requested will result in the Certificate of Enrollment being ineligible for processing, or subject to denial. The information provided will be used to establish eligibility for early admission to the CPA Exam pursuant to section 5093.5 of the Business and Professions Code. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the CBA unless the records are exempted from disclosure by law, including exemptions provided by Civil Code section 1798.40. For questions about this notice or access to your records, you may contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 263-3680, or by email at examinfo@cba.ca.gov.~~

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code section 5093.2 or 5093.5 and Title 16 California Code of Regulations section 9.3 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information~~, in accordance with DCA's Privacy Policy,~~ to establish eligibility for early admission to the CPA Exam pursuant to section 5093.2 or 5093.5 of the Business and Professions Code.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for the CPA Exam unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1703, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Certificate of General Experience

Print or Type

Full Name of Applicant: (No Initials) (First) (Middle) (Last)	Social Security # (Last 4 only) XXX-XX-_____

Period of Employment

List the dates applicant was under your supervision and obtained qualifying general accounting experience, as defined below.

Full-time Dates (mm/dd/yyyy) From	To	**Part-time Dates** (mm/dd/yyyy) From	To	Total Part-time Hours
/ /	/ /	/ /	/ /	

General accounting experience may include providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. To qualify, experience shall have been performed in accordance with applicable professional standards.

If an applicant is performing attest services as part of the general experience, it must be performed under the supervision of a licensee who has satisfied the attest experience requirement.

An applicant who obtains licensure without satisfying the attest experience requirement (Section 12.5 of Title 16 of the California Code of Regulations) cannot sign reports on attest engagements of any kind until the attest experience requirement is completed and authorization is given by the California Board of Accountancy (CBA).

Business Name:	Business Telephone: Area Code ( )
Address: (Include City, State, and Zip Code)	

Section 12 of the California Code of Regulations requires that public accounting experience be verified by the licensee supervising the experience. **Supervised experience means that the applicant's supervisor shall have reviewed and evaluated the applicant's qualifying work on a routine and recurring basis and shall have authority and oversight over the applicant.**

I hereby certify, under penalty of perjury under the laws of the state of California, that the applicant has (1) been supervised or employed by me or my firm for the period indicated herein, and (2) has completed general accounting experience.

Signature (Supervisor)	Sole Proprietor ☐
	Partner ☐
Printed Name	Shareholder ☐
	Other CPA ☐
Date	Certificate No. _____ CPA ☐ PA ☐
	U.S. State or Other Authority of Issuance _____

How to submit this form: One of the following options may be used to submit this Certificate of General Experience:

- The certificate of experience may be digitally signed and submitted when applying for a CPA license online.
- The supervisor or applicant may email the certificate of experience to licensinginfo@cba.ca.gov.
- The supervisor or applicant may mail the certificate of experience directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833.

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code 5080 through 5095, Title 16 CCR sections 12 and 69, and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information~~, in accordance with DCA's **Privacy Policy,**~~ principally to identify and evaluate applicants for licensure.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for licensure unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1701, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Certificate of Experience in Academia

~~This form is to be MAILED directly to the California Board of Accountancy (CBA) by the person verifying the experience.~~

Section I: ***(Print or Type)***

Full Name of Applicant: (No Initials) **(First)** **(Middle)** **(Last)**

Experience in Academia

This institution's records show that the above named individual is-/-was an instructor at this institution.

Please list the following information for all courses in qualifying subjects for which the applicant is/was an instructor. Qualifying subjects are (accounting, auditing, financial reporting, external or internal reporting, financial statement analysis or taxation). Attach additional pages as needed.[1]

Course Number	Title of Course	Number of Units		Dates of Instruction
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		
		☐ Quarter ☐ Semester		

Section II

Institution Name:	**Institution Telephone:** **Area Code ( )**
Address: (Include City, State, and Zip Code)	

Section 12.1 of the CBA Regulations requires that experience in academia be verified by the dean, head, or chair of the applicant's department.

I hereby certify, under penalty of perjury under the laws of the state of California, that I have personally reviewed this institution's records and that the foregoing information provided in Sections I and II above are true and correct.

Signature: ~~***(DO NOT USE BLACK INK)***~~	**Title:** ☐ **Dean** ☐ **Chair of Department** ☐ **Head of Department**
Printed Name:	**Date:**
Email:	

How to submit this form: One of the following options may be used to submit this Certificate of Experience in Academia:

- The dean, head, or chair of the applicant's department, or the applicant may email a completed signed copy directly to licensinginfo@cba.ca.gov.
- The dean, head, or chair of the applicant's department, or the applicant may mail or hand-deliver the original or a copy of the form directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833.

[1] In lieu of submitting this form, the CBA will accept other documentation from the college or university if such documentation contains all of the information requested on this form.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information
The California Board of Accountancy (CBA) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 5080-5095, Title 16, California Code of Regulations section 12.1, and the Information Practices Act. The CBA uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission
Submission of the requested information is mandatory. The CBA cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information
You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information
We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information
For questions about this notice or access to your records, you may contact the Executive Officer at 2450 Venture Oaks Way, Suite 300, Sacramento, CA, 95833 or by phone at (916) 263-3680.

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code 5080 through 5095, Title 16 CCR section 12.1, and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information~~, in accordance with DCA's **Privacy Policy**,~~ principally to identify and evaluate applicants for licensure.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for licensure unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1701, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Certificate of Attest Experience

Print or Type

Full Name of Applicant: (No Initials) (First) (Middle) (Last)	Social Security # (Last 4 only) XXX-XX- _____

Period of Employment

List the dates applicant was under your supervision and obtained qualifying general accounting experience, as defined below.

Full-time Dates (mm/dd/yyyy) From	To	**Part-Time Dates** From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Part-time Hours
/ /	/ /	/ /	/ /	

The experience required by Section 5095 of the Business and Professions Code should be fulfilled primarily by financial statement audits and, secondly, by other attest services. Section 12.5 of Title 16 of the California Code of Regulations establishes the attest experience requirement. **To be considered as qualifying, experience is that which enables the applicant to demonstrate the ability to understand the requirements of planning and conducting a financial statement audit or perform other attest services with minimum supervision that results in an opinion on full disclosure financial statements.**

Check either **yes or no** for each of the following items (A and B) to identify the experience of the applicant, while under your supervision, for purposes of qualifying the applicant for a CPA license.

		Qualifying Experience by Job Task	**Yes**	**No**
I.	A.	Does the applicant have experience in the planning of the audit, including the selection of the procedures to be performed?		
	B.	In your opinion, did such experience demonstrate a satisfactory understanding of the requirements of planning an audit consistent with current practice standards and pronouncements of the profession?		
II.	A.	Does the applicant have experience in applying a variety of auditing procedures and techniques to the usual and customary financial transactions included in financial statements?		
	B.	In your opinion, did the application of the above-described procedures demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession?		
III.	A.	Does the applicant have experience in the preparation of working papers in connection with the various elements of I and II, above?		
	B.	In your opinion, do the working papers demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession?		
IV.	A.	Does the applicant have experience in the preparation of written explanations and comments on the work performed and its findings?		
	B.	In your opinion, do the written explanations and comments demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession?		
V.	A.	Does the applicant have experience in the preparation of and reporting on full disclosure financial statements as part of the Audit or other Attest Services? This does not include experience earned through the performance of preparation engagements in accordance with the provisions of the Statements on Standards for Accounting and Review Services (SSARS).		
	B.	In your opinion, did such participation demonstrate satisfactory knowledge of current professional standards?		

Number Of Hours

VI. Summary of Attest Experience Hours By Job Task	Audit	Other Attest	Review Services	Compilation
Experience in **Planning** the Audit or Other Attest Services (**I. above**)				
Experience in **Applying a Variety of Audit Procedures and Techniques on the** Audit or Other Attest Services Procedures (**II. above**)				
Experience in the **Preparation of Working Papers** (**III. above**) and in the **Preparation of Written Explanations** on the Audit or Other Attest Services (**IV. above**)				
Experience in the **Preparation of Full Disclosure Financial Statements** as part of the Audit or Other Attest Services (**V. above**)				
Compilation Hours **Obtained Prior** to January 1, 2008				
Total				

VII.	Is the applicant related to anyone in your firm?	Yes ☐	No ☐	(If Yes, explain relationship)

Notes To Employer Completing Certificate of Attest Experience

For the authorization to sign attest reports, applicants **must** obtain a **minimum of 500** hours of qualifying attest experience.

Section 69 of the California Code of Regulations provides that the California Board of Accountancy (CBA) may require an explanation of any representation made on the Certificate of Attest Experience and/or may inspect the documentation relating to the applicant's fulfillment of the experience requirement.

Section 12.5 of the California Code of Regulations requires that experience be verified by the licensee supervising the experience. **Supervised experience means that the applicant's supervisor shall have reviewed and evaluated the applicant's qualifying work on a routine and recurring basis and shall have authority and oversight over the applicant.**

I hereby certify, under penalty of perjury under the laws of the state of California, that the applicant has (1) been supervised or employed by me or my firm for the period indicated herein, and (2) in the course of such employment has obtained the experience indicated on this Certificate of Attest Experience.

Firm Name:	Business Telephone: Area Code ( )
Address: (Including City, State, and Zip Code)	

Signature (Supervisor)	Sole Proprietor ☐
	Partner ☐
Printed Name	Shareholder ☐
	Other ☐
Date	Certificate No. _____ CPA ☐ PA ☐
	U.S. State or other Authority of Issuance _____

How to submit this form: One of the following options may be used to submit this Certificate of Attest Experience:

- The certificate of experience may be digitally signed and submitted when applying for a CPA license online.
- The supervisor or applicant may email the certificate of experience to licensinginfo@cba.ca.gov.
- The supervisor or applicant may mail the certificate of experience directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833.

Office Use Only

Date of last Section 69 Review _____

_____ Approved

_____ Reappearance

_____ No Record

Verified by: _____

Date: _____

~~PERSONAL INFORMATION COLLECTION AND ACCESS~~

~~The information provided in this form will be used by the CBA, to determine qualifications for a Certified Public Accountant License. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.~~

~~Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the CBA, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24.~~

~~Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.~~

~~The Executive Officer of the CBA is responsible for maintaining the information in this application, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.~~

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code 5080 through 5095, Title 16 CCR sections 12.5 and 69, and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information principally to identify and evaluate applicants for licensure.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for licensure unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1701, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Practice Privilege Pre-Notification of Listed Events Form

Contact Information		
Name (Last, First, M)		
Business Mailing Address*		
City	**State**	**Zip Code**
Business Phone Number	**Email**	

State(s) of Licensure	**License #**	**Expiration Date**

~~**Contact Information:**~~

~~Name: _____~~
~~Last First M I~~

~~Business* Mailing Address: _____~~

~~Business Phone #: _____ Business Fax #: _____ Email: _____~~

~~State(s) of Licensure: _____ License #: _____ Expiration Date!: _____~~

* May provide home address if no business address is available. To help CBA maintain privacy, please write "home" next to any home address that is provided.

Events:

Please review the following and check all that apply. In the past seven years have you:

☐ A. Been the subject of any final disciplinary action by the licensing or disciplinary authority of another jurisdiction with respect to any professional license or have any charges of professional misconduct pending against you in another jurisdiction?

For the purposes of responding to this question, "disciplinary action" is an administrative action that resulted in a restriction or penalty being placed on any professional license you have or have possessed, such as a revocation, suspension, or probation. It does not include other types of administrative actions such as citations and fines, orders of abatement, or orders to take specified continuing education courses.

☐ B. Had a license in another jurisdiction reinstated after a suspension or revocation?

☐ C. Been denied issuance or renewal of a professional license or certificate in any other jurisdiction for any reason other than an inadvertent administrative error?

☐ D. Been convicted of a crime or subjected to pending criminal charges in another jurisdiction other than a minor traffic violation?

All misdemeanors, felonies, infractions or citations, including traffic violations, must be reported. Convictions that were later expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non- California law MUST be disclosed. "Minor Traffic Violations" should NOT be reported. For the purposes of responding to this question, "minor traffic violations" means traffic infractions under $1000 not involving alcohol, dangerous drugs, or controlled substances. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), or (e), or section 11360(b) which are two years or older should NOT be reported.

☐ E. Acquired either of the following disqualifying conditions:

- Revocation, suspension, denial, surrender, or other discipline or sanctions involving any license, permit, registration, certificate, or other authority to practice any profession in this or any other state or foreign country or to practice before any state, federal, or local court or agency, or the Public Company Accounting Oversight Board.
- Any judgment or arbitration award involving professional conduct in the amount of thirty thousand dollars ($30,000) or greater.

If you checked a condition above, you are not authorized to practice public accountancy in California unless and until you receive written approval from the CBA.

In addition, you must complete and return Attachment 1 providing explanatory details along with this form to the CBA to meet your reporting requirement. Any misrepresentation or omission in connection with this notification may disqualify you from the California practice privilege.

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form and any accompanying attachments are true, complete, and accurate. I further certify that I have read this entire form. By submitting this form and signing below, I am granting permission to the CBA to verify the information provided and to perform any investigation pertaining to the information I have provided as the CBA deems necessary.

Signature: _____ Date: _____

Name: _____

How to submit this form: One of the following options may be used to submit this Practice Privilege Pre-Notification of Listed Events Form:

- The licensee may email a completed signed copy directly to enforcementinfo@cba.ca.gov.
- The licensee may mail or hand-deliver the original or a copy of the form directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, attention Enforcement Division.

Attachment 1

1. Please provide explanatory details of your listed event:

~~NOTICE OF PERSONAL INFORMATION COLLECTION AND ACCESS: The information provided in this form will be used by the California Board of Accountancy to determine whether you qualify for practice privilege in California. Sections 5096 through 5096.21 of the California Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.~~

Notice On Collection Of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 5096 through 5096.22 and Title 16 California Code of Regulations section 19 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information to determine qualifications for practice privilege in California pursuant to sections 5096 through 5096.22 of the Business and Professions Code.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for practice privilege unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-170, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Notification of Cessation of Practice Privilege Form

~~Contact Information:~~

~~Name: _____~~
~~Last First M I~~

~~Business*~~
~~Mailing~~
~~Address: _____~~

~~Business Phone #: _____~~ ~~Business Fax #: _____~~ ~~Email: _____~~

~~State(s) of Licensure: _____~~ ~~License #: _____~~ ~~Expiration Date: _____~~

* May provide home address if no business address is available. To help CBA maintain privacy, please write "home" next to any home address that is provided.

Conditions Requiring Cessation of Practice:

Please review and check all that apply:

☐ A. The regulatory agency in the state in which my certificate, license, or permit was issued has taken disciplinary action resulting in the suspension or revocation, including stayed suspension, stayed revocation, or probation of the individual's certificate, license, or permit, or has taken any other disciplinary action against my certificate, license, or permit that arises from any of the following:

1. Gross negligence, recklessness, or intentional wrongdoing relating to the practice of public accountancy.
2. Fraud or misappropriation of funds.

3. Preparation, publication, or dissemination of false, fraudulent, or materially incomplete or misleading financial statements, reports, or information.

For the purposes of responding to this question, "disciplinary action" is an administrative action that resulted in a restriction or penalty being placed on your license, such as a revocation, suspension, or probation. It does not include other types of administrative actions such as citations and fines, orders of abatement, or orders to take specified continuing education courses.

☐ B. I was convicted in any jurisdiction of any crime involving dishonesty, including, but not limited to, embezzlement, theft, misappropriation of funds or property, or obtaining money, property, or other valuable consideration by fraudulent means or false pretenses. All misdemeanors, felonies, infractions or citations must be reported.

☐ C. I have been barred from practicing before the United States Securities and Exchange Commission or the Public Company Accounting Oversight Board.

☐ D. I have had my right to practice before any governmental body or agency suspended.

If you checked a box above, you are not authorized to practice public accountancy in California unless and until you receive written approval from the CBA.

Are you seeking approval to continue practicing in California? ☐ Yes ☐ No

You must complete and return Attachment 1 providing explanatory details along with this form to the CBA to meet your reporting requirement.

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form and any accompanying attachments are true, complete, and accurate. I further certify that I have read this entire form. By submitting this form and signing below, I am granting permission to the CBA to verify the information provided and to perform any investigation pertaining to the information I have provided as the CBA deems necessary.

Signature:_____ Date: _____

Name: _____

How to submit this form: One of the following options may be used to submit this Notification of Cessation of Practice Privilege Form:

- The licensee may email a completed signed copy directly to enforcementinfo@cba.ca.gov.
- The licensee may mail or hand-deliver the original or a copy of the form directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, attention Enforcement Division.

Attachment 1

1. Please provide explanatory details and any supporting documentation of your condition requiring cessation of practice:

~~PERSONAL INFORMATION COLLECTION AND ACCESS: The information provided in this form will be used by the California Board of Accountancy to determine whether you qualify for practice privilege in California. Sections 5096 through 5096.21 of the California Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.~~

Notice On Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 5096 through 5096.22 and Title 16 California Code of Regulations section 19 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information~~, in accordance with DCA's Privacy Policy,~~ to determine qualifications for practice privilege in California pursuant to sections 5096 through 5096.22 of the Business and Professions Code.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for practice privilege unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1703, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Application For Reinstatement of Practice Privilege

~~Contact Information~~

~~Name:~~ _____ _____ _____
~~Last~~ ~~First~~ ~~M I~~

~~Business* Mailing Address:~~ _____

~~Business Phone #:~~ _____ ~~Business Fax #:~~ _____ ~~Business Email:~~ _____

~~Home Phone #:~~ _____ ~~Other Phone #:~~ _____

Out-of-State License Information:

State/Country	License No.	Date Issued	Expiration Date	Current Status
State/Country	License No.	Date Issued	Expiration Date	Current Status

Effective Date of Revocation of Practice Privilege:
Reason for Revocation:

Practice Prior to Revocation of Practice Privilege (List only immediate ten-year period)

Dates	Type of Practice	Location

* May provide home address if no business address is available. To help CBA maintain privacy, please write "home" next to any home address that is provided.

Occupation and Activities Since the Date of the Revocation of Practice Privilege:

Dates	Occupation	Duties/Activities	Location

1. Since the effective date of the Revocation, have you been involved in any of the following situations?

   a) Charged with or convicted of a violation of Federal or State law other than a "minor traffic violation?" All misdemeanors, felonies, infractions or citations, including traffic violations, must be reported. Convictions expunged from the record of the court or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed. "Minor Traffic Violations" should NOT be reported. For the purposes of responding to this question, "minor traffic violation" means traffic infractions under $1000 not involving alcohol, dangerous drugs, or controlled substances. Convictions under California Health and Safety Code sections 11357(b), (c), (d), or (e), or Section 11360(b) which are two years or older should NOT be reported.
   ☐ Yes ☐ No

   b) Had another governmental or regulatory body or agency discipline or sanction you? For the purposes of responding to this question, "disciplinary action" is an administrative action that resulted in a restriction or penalty being placed on your license, such as a suspension or revocation, including a stayed suspension, stayed revocation, or probation of your certificate, license, or permit.
   ☐ Yes ☐ No

   c) Are you now on probation or parole to the courts for any criminal violation(s) in this or any other state?

☐ Yes ☐ No

If you answer yes to any of the above, please attach a narrative statement of explanation giving full details.

2. Prior to or upon reinstatement of a revoked Practice Privilege, the applicant will generally be required to reimburse the California Board of Accountancy (CBA) for all reasonable costs of investigation and prosecution resulting from the prior disciplinary proceeding that revoked the privilege. Have you reimbursed the CBA for these costs?
   ☐ Yes ☐ No

   If No, please explain why in the Narrative Explanation. If you believe that payment of these costs would cause an unreasonable financial hardship that could not be remedied through a payment plan, please explain and provide documentation to support your claim of financial hardship.

3. As part of the application process, the CBA evaluates the applicant's compliance with any ordered or voluntary restitution to harmed clients/consumers. Have you made restitution to any parties financially harmed?
   ☐ Yes ☐ No ☐ Not Applicable

   If Yes, please provide proof of payment. If No, please explain in the Narrative Explanation.

4. Explain why you believe your application should be granted. Include what aspects of your rehabilitation you believe will protect against a re-occurrence of your prior conduct.

5. If the CBA grants your application, where will you practice and what type of services will you perform?

6. Do you plan to attend the hearing before the CBA in the matter of this application?
☐ Yes ☐ No

7. Do you plan to have legal counsel represent you at the hearing before the CBA in the matter of this application?
☐ Yes ☐ No

Legal Counsel Name: _____
Firm Name: _____
Address: _____
Telephone #: _____

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form and any accompanying attachments are true, complete, and accurate. I further certify that I have read this entire application. By submitting this form and signing below, I am granting permission to the CBA to verify the information provided and to perform any investigation pertaining to the information I have provided as the CBA deems necessary.

_____
(Signature) (Date)

~~Please return completed application to:~~
~~California Board of Accountancy~~
~~Enforcement Division~~

~~**2450 Venture Oaks Way, Suite 300**~~
~~**Sacramento, CA 95833**~~

How to submit this form: One of the following options may be used to submit this Application for Reinstatement of Practice Privilege form:

- The licensee may email a completed signed copy directly to enforcementinfo@cba.ca.gov.
- The licensee may mail or hand-deliver the original or a copy of the form directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, attention Enforcement Division.

Narrative Explanation

Name: _____

~~NOTICE OF PERSONAL INFORMATION COLLECTION AND ACCESS NOTICE~~

~~The California Board of Accountancy (CBA) collects the information requested on this form as authorized by Business and Professions Code Sections 5096.2, 5096.3, 5096.9, and 5107. The personal information collected is used principally to administer and to enforce licensing standards set by law and regulation. The personal information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the CBA or the transferee agency to perform its statutory or constitutional duties, or otherwise transferred or disclosed as permitted by Civil Code section 1798.24. Each individual has the right to review his or her personal information in his or her file, except as otherwise permitted by the Information Practices Act (Civil Code sections 1798 and following). Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act and Information Practices Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.~~

Notice on Collection Of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 5096 through 5096.22 and Title 16 California Code of Regulations section 19 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information to determine qualifications for practice privilege in California pursuant to sections 5096 through 5096.22 of the Business and Professions Code.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for practice privilege unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1701, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Practice Privilege Notification of Pending Criminal Charges

Contact Information		
Name (Last, First, M)		
Business Mailing Address*		
City	**State**	**Zip Code**
Business Phone Number	**Email**	

State(s) of Licensure	**License #**	**Expiration Date**

~~**Contact Information:**~~

~~Name:~~ _____ _____ _____

~~Last~~ ~~First~~ ~~M I~~

~~Business*~~ _____

~~Mailing Address:~~

~~Business Phone #:~~ _____ ~~Business Fax #:~~ _____ Email: _____

~~State(s) of Licensure:~~ _____ ~~License number:~~ _____ Expiration Date: _____

*May provide home address if no business address is available. To help the CBA maintain privacy, please write "home" next to any home information provided.

Individuals reporting under 5096(e)(10) must notify the California Board of Accountancy (CBA) of any pending criminal charges in any jurisdiction, other than for a minor traffic violation. "Minor traffic violation" means traffic infractions under $1000 not involving alcohol, dangerous drugs, or controlled substances. Please provide the following information regarding the pending criminal charges:

Jurisdiction:	
Case Number:	
Violation(s):	
Are you currently exercising your practice privilege?	

In addition, you must complete and return Attachment 1 and provide explanatory details along with this form to the CBA to meet your reporting requirement. Any misrepresentations or omissions in connection with this notification may disqualify you from the California practice privilege.

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form and any accompanying attachments are true, complete, and accurate. I further certify that I have read this entire application. By submitting this form and signing below, I am granting permission to the CBA to verify the information provided and to perform any investigation pertaining to the information I have provided as the CBA deems necessary. Further, I authorize the California Board of Accountancy to notify other state or federal authorities of the status of my California Practice Rights.

Signature: _____ Date: _____

Attachment 1

1. Please provide explanatory details and any supporting documentation of your pending criminal charges:

_____

_____

_____

_____

How to submit this form: One of the following options may be used to submit this Practice Privilege Notification of Pending Criminal Charges form:

- The licensee may email a completed signed copy directly to enforcementinfo@cba.ca.gov.
- The licensee may mail or hand-deliver the original or a copy of the form directly to the CBA at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, attention Enforcement Division.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information
The California Board of Accountancy (CBA) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 5080-5095 and the Information Practices Act. The CBA uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission
Submission of the requested information is mandatory. The CBA cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information
You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information
We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

• In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);

• To another government agency as required by State or Federal law; or,

• In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information
For questions about this notice or access to your records, you may contact the Executive officer at 2450 Venture Oaks Way, Suite 300, Sacramento, CA, 95833 or by phone at (916) 263-3680.

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 5096 through 5096.22 and Title 16 California Code of Regulations section 19 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information to determine qualifications for practice privilege in California pursuant to sections 5096 through 5096.22 of the Business and Professions Code.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for practice privilege unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1701, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.

Practice Privilege Notification Form

Name			
Address of Principal Place of Business (Mailing Address)	City	State	Zip Code
Address of Record (If different than above)	City	State	Zip Code
Telephone Number ( )	Fax Number ( )		
~~E-mail~~Email			

State:	License #:	Date Issued:	Expiration Date:

☐ I am submitting this notice to the CBA before I begin the practice of public accountancy in the State of California.

☐ I am submitting this notice within five business days of the date I began the practice of public accountancy in the State of California. Please include the date: / /

☐ I am submitting this notice to the CBA within 60 days of the action taken by the CBA to require licensees of a particular state to submit this notification form.

☐ Other: If none of the options above apply please provide the date you began practice in California and attach a written explanation as to why the options above do not apply. Please include the date: / /

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form and any accompanying attachments are true, complete, and accurate.

Signature Date

Printed Name

~~**NOTICE OF PERSONAL INFORMATION COLLECTION AND ACCESS:** The information provided in this form will be used by the California Board of Accountancy to determine whether you qualify for practice privilege in California. Sections 5096 through 5096.22 of the California Business and Professions Code authorize the collection of this information. Submission of all requested information is mandatory, unless otherwise specified. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding the location of the records and the categories of any persons who use the information in those records.~~

Notice on Collection of Personal Information

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code sections 5096 through 5096.22 and Title 16 California Code of Regulations section 19 and the Information Practices Act (Civil Code section 1798 and following). The CBA uses this information to determine qualifications for practice privilege in California pursuant to sections 5096 through 5096.22 of the Business and Professions Code.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for practice privilege unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, contact the California Board of Accountancy at 2450 Venture Oaks Way, Suite 300, Sacramento CA 95833, by phone at (916) 561-1701, or by email at outreach@cba.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.