

BOARD USE ONLY	
_____	Reviewed
_____	Updated

2017 Annual Renewal of ACTIVE Certificate

All questions must be answered - INCOMPLETE FORMS CANNOT BE PROCESSED - DUE BY DECEMBER 31, 2016

1. CONTACT INFORMATION

Name: _____
 Certificate NO. _____ Date of Birth _____
 Email address _____

YES NO Has your name changed since your last renewal? (If so, you must attach supporting documentation – see instructions on page 2.)

Which is your preferred mailing address: [] RESIDENCE or [] Employer/Other (NOTE: If you leave your employer, you need to change your address)

Residence	Employer/Other Address
_____	_____
_____	_____
_____	_____
Phone No. _____	Phone No. _____

2. PRINCIPAL EMPLOYMENT INFORMATION

Employer Name _____ Position/Title: _____

YES NO Is your principal place of employment a Louisiana firm?
 YES NO Is your principal employment with a **PUBLIC PRACTICE accounting firm?**
If no, skip to NON-PUBLIC PRACTICE

Choose ONE type of PUBLIC PRACTICE Accounting that describes your principal employment

- _____ Unincorporated Owner of Firm
- _____ General Partner
- _____ Limited Liability Partner
- _____ Sole Owner – Professional Corp. OR _____ Owner in Multi-owner – Professional Corp.
- _____ Single Member LLC OR _____ Member, Multi-owned LLC
- _____ Staff Employee (non-owner: Manager, Senior, Staff, Other)

YES NO Is your firm a partner / shareholder / member in another firm (firm within a firm)?
If yes, name of Firm _____

NON-PUBLIC PRACTICE (choose one)

- | | | | |
|---|-------------------|-----------------------|--------------------|
| _____ Attorney [partner] [staff] [sole owner] | _____ Unemployed | _____ Mgmt Consulting | _____ Acct Service |
| _____ Financial Planning/Investments | _____ Real Estate | _____ Government | _____ Industry |
| _____ Education | _____ Student | _____ Retired | _____ Other: _____ |

YES NO Do you own a separate public practice accounting firm? If yes, NAME _____
 YES NO Is your separate firm a full-time practice?

3. CONFIRMATIONS

YES NO Did you complete the required CPE hours as of December 31, 2016? (Your Required CPE hours appear on your Renewal Notice.)
_____ Total number of CPE hours COMPLETED and to be reported for the 2016 reporting year.

Select your PRACTICE AREA from one of the following:

- | | | |
|--------------------------------------|---------------------------------|--------------------|
| _____ Public Practice – Audit/Attest | _____ Government – Audit/Attest | _____ Other: _____ |
| _____ Public Practice – Tax | _____ Government – Tax | |
| _____ Public Practice – Consulting | _____ Government – Other | |
| _____ Industry | _____ Academia | |

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YES NO Have you been charged with, convicted of, or pled guilty or nolo contendere to any felony, or to a misdemeanor an element of which was fraud or dishonesty, since your last renewal *or that you have not previously disclosed* to the Board? **If YES, attach details, including the name of the court and the case no.**

YES NO Have you been the subject of any type of investigation or discipline by a licensing board, state or federal agency, regulatory authority, or professional CPA association or society relating to your employment or practice since your last renewal or that you have not previously disclosed to the Board? **If YES, attach details and copy of official order or pertinent documents.**

Out-of-state practitioners: Did you service Louisiana based clients in 2016? YES NO Did your firm? YES NO

By signing below, I am acknowledging that the above information is true and correct.

Signature _____

Date _____

Instructions for 2017 Annual Renewal of ACTIVE Certificate

The *completed original* renewal form with payment is due by December 31, 2016. Delinquent fees are effective February 1, 2017. Failure to submit a completed renewal form and applicable fee by February 28, 2017 results in expiration of the certificate / license.

1. CONTACT INFORMATION

For legal name change: Include copy of marriage license, divorce decree, or court order. Name cannot be changed without these documents. **ALL contact information must be completed. A secondary address is another address where you may be reached for Board communication.**

2. PRINCIPAL EMPLOYMENT INFORMATION

Your principal employment or occupation is your primary source of income. If your principal place of employment is in public practice, indicate your status. If your principal place of employment is in non-public practice, choose the best type. If it is not listed, choose other and list type of employment (i.e. computer consultant, etc.).

NON-PUBLIC PRACTICE

These classifications do not apply if your employer or you:

- represent that you have, or "hold out" as, a CPA firm; or,
- perform attest services; or,
- are registered as a CPA firm or have a CPA Firm permit.

If you are a licensed CPA in Louisiana you may use the Certified Public Accountant and CPA titles in Louisiana. However, in order to have an office or place of business in Louisiana from which professional services for clients are performed, a firm permit is required. Owners and staff employees of a CPA firm, with an existing firm permit, are authorized to practice through the firm. A CPA who "contracts" with a CPA firm (in lieu of an employment relationship) to perform services for the firm's clients must have a separate CPA firm permit in his or her own name. CPAs whose sole occupation is in industry, government, or academia are not required to have a firm permit. CPA firms located outside of Louisiana (with no office in LA) may be required to have a Louisiana firm permit in certain circumstances. Firm permit applications may be downloaded from our website at www.cpaboard.state.la.us.

3. CONFIRMATIONS

2017 CPA Renewals are not complete and valid UNTIL CPE Reporting Forms are submitted to the Board's office with the required number of CPE hours for the 2016 reporting year.

If you checked YES to being charged, convicted of, or pled guilty or nolo contendere to any felony, or to a misdemeanor an element of which was fraud or dishonesty, since your last renewal or that you have NOT previously disclosed to the Board, you must attach the details of the matter including the court and the case number.

Staple your check to the form. Payable to: *STATE BOARD OF CPAs OF LOUISIANA*; put your CERTIFICATE number on the check's memo line. Sign and date the form. Mail or deliver the completed renewal form with payment stapled to the form to Board address shown above.

RENEWAL FEE: \$100 if received BY 12/31/2016 \$200 if received AFTER 01/31/2017 \$400 if received AFTER 02/28/2017