

BOARD USE ONLY	
_____	Reviewed
_____	Updated

2024 Annual Renewal of ACTIVE Certificate

All questions must be answered - INCOMPLETE FORMS CANNOT BE PROCESSED - DUE BY DECEMBER 31, 2023

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.)

If Yes above, please write your new full name under which you are practicing: _____

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, 2023?

_____ Total number of CPE hours COMPLETED and to be reported for the 2023 reporting year on the Board's CPE Reporting form. **(Form must be received by January 31, 2024)**

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

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.**

YES NO

Out-of-state practitioners: Did you service Louisiana based clients in 2023? YES NO Did your firm? YES NO

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

Signature _____

Date _____

RENEWAL FEES: \$100 if received by 01/31/2024

RENEWAL + DELINQUENT FEES:	\$300 if received by 02/29/2024	\$350 if received by 03/31/2024
	\$400 if received by 04/30/2024	\$450 if received by 05/31/2024
	\$500 if received by 06/30/2024	\$550 if received by 07/31/2024
	\$600 if received by 08/31/2024	\$650 if received by 09/30/2024
	\$700 if received by 10/31/2024	\$750 if received by 11/30/2024
	\$800 if received by 12/31/2024	

Instructions for 2024 Annual Renewal of ACTIVE Certificate

The *completed original* renewal form with payment is due by December 31, 2023. Delinquent fees are effective February 1, 2024. Failure to submit a completed renewal form and applicable fee by February 29, 2024 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. Also, please write out your new legal name exactly how you want it to appear in the Board's records. **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.).

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. Firm permit applications may be downloaded from our website at www.cpaboard.state.la.us.

3. CONFIRMATIONS

Your 2024 renewal is not complete and valid UNTIL the CPE Report Form is submitted to the Board's office with the required number of CPE hours for the 2023 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.