

**APPLICATION FOR MINNESOTA
REGISTRATION AS AN ACCOUNTING PRACTITIONER (RAP)
INSTRUCTIONS**

1. Complete your application thoroughly (attach additional pages as necessary).
2. Sign and date the application.
3. Include the \$50 application fee. Make your check or money order payable to “**MN Board of Accountancy**”.
4. Submit a sealed copy of the Final Official Transcript(s) from your educational institution(s). Confirm with the institution(s) that the transcript lists the degree you were awarded and the date it was conferred. **Do not open the transcript record**. Enclose it as sealed by the institution or have it mailed or emailed (boa@state.mn.us) directly to the Board. (See [MN Rules 1105.6700](#) for education requirements.)
5. Enclose the **original** document listing your [ACAT Full Examination](#) results. (See [MN Rules 1105.6800](#) for examination requirements.)
6. Complete Part 1 of the [Experience Verification](#) Form (page [2](#)) and have Part 2 completed by the verifying CPA(s) or RAP(s) **and sent by them directly to the Board office**. If one individual cannot verify the full duration of required experience, submit as many additional forms as are necessary to meet the requirements in [MN Rules 1105.6900](#).
7. Mail the **application** (page [1](#)) and **fee** to the address above.

**Once all required documents are received, your application will be reviewed by the Board within 60 days.
Incomplete applications expire within six months of submission date.**

If you have questions regarding your application, please **call** the Board office at 651-296-7938.

NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, Subd. 4 (2022) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, Subd. 2 (2022), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless it is required by law.

APPLICATION FOR MINNESOTA REGISTERED ACCOUNTING PRACTITIONER (RAP) REGISTRATION

Payment of the **\$50 application fee** is by check or money order (US funds, made payable to **MN Board of Accountancy**).
The Board is unable to accept cash, credit card, or other electronic forms of payment for the application fee.
Applications received without payment **ENCLOSED** will be returned.
Note: All registrations expire December 31, regardless of the date issued.

SECTION 1: GENERAL INFORMATION

Military Only ▶ If you or your spouse are an active duty military member or if you have left service in the last two years with an honorable or general discharge, check box:

▼ **All Applicants: Provide home and work contact information and other details**
If you are employed/self-employed, you must include **both** your home **and** work information.

FULL
Legal Name _____ Social Security # _____
(Legal First Name) (Legal Middle Name) (Legal Last Name) (Suffix)

Former Name _____ Birth Date _____ Gender: Male Female
(if applicable) (MM) (DD) (YYYY)

Preferred "mail to": Home Business

Employer Name _____

Home Phone _____ Work Phone _____

Home Address _____ Work Address _____

City _____ Work City _____

State _____ Zip _____ Work State _____ Work Zip _____

Email address: _____

SECTION 2: EDUCATION AND EXAMINATION

Degree type (check one): Associate Degree or Diploma in Accounting
 Equivalent Education consisting of 60 semester hours

Name of college/university awarding degree: _____

Date you passed the ACAT Examination: _____ **Score:** _____
(MM) (DD) (YYYY)

SECTION 3: CERTIFICATION STATEMENT

Have you had a CPA certificate, license or permit *or similar license* disciplined, denied, surrendered, suspended or revoked?
 Yes *If yes, you must attach a statement of explanation.* No

Have you ever been convicted of any crime or any other discreditable act?
 Yes *If yes, you must attach a statement of explanation.* No

I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.	
Signature	
Printed Name	Date

EXPERIENCE VERIFICATION FORM
(For RAP Application)

Applicant: Please complete **Part 1** of the form and send a copy to the RAP(s) or CPA(s) verifying your experience.

PART 1 – To be completed by the applicant

Applicant Name _____
(First) (M.I.) (Last) (Suffix)

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Employment Dates: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Full Time Part Time* Temporary*

*Total hours, if part time or temporary: _____

Detailed description of your tasks performed, including such factors as the complexity and diversity of the work:

Verifying CPA: Please complete **Part 2** and return this form to the Board at the address listed above. **Do not return to the applicant.**

To serve as the verifying CPA, you must have first-hand knowledge of the experience **and** as of the signature date:

- (1) if licensed in Minnesota, hold a valid certificate (unexpired Active license) or an unexpired Inactive license or an unexpired RAP registration; or
- (2) if licensed in a state other than Minnesota, hold an unexpired CPA license in that state.

PART 2 – To be completed by the RAP or CPA verifying the applicant’s experience.

The above-named individual is applying for a RAP Registration. Please complete the following questions:

Do you believe the above information is accurate? Yes No*

Do you know of any reason the applicant should **not** be considered for registration as a RAP? Yes* No

Do you **recommend** the applicant for registration as a RAP? Yes No*

*If you checked a box with an **asterisk (*)** provide an explanation below or use the back of this form.

I have read the above and believe it to be true, correct and complete to the best of my knowledge. I understand that I may be asked to substantiate the basis for my verification.

Printed Name _____ RAP Reg. or CPA Certif. # _____ CPA Status (if applicable):
 Active Inactive

Signature _____ State of Certification/Registration _____ Date _____