Kentucky State Board of Accountancy
312 Whittington Parkway #200 • Louisville KY 40222
502-595-3037 • http://cpa.ky.gov • Email cpa@ky.gov

APPLICATION FOR INITIAL LICENSE

(to be used only if not actively licensed in another US jurisdiction)

Name (as it will appear on your license) _____

Previous Last Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number: _____-_____-_____ Email _____

Date of Birth _____/_____/_____ Social Security Number ----------_____

1. Are you a United States citizen? Yes ☐ No ☐ If **Yes**, go to question 4. If **No**, go to question 2.

2. Are you legally residing in the United States? Yes ☐ No ☐ If **Yes**, please submit documentation from the United States Citizenship and Immigration Services that verifies you are legally residing in the United States and go to question 4. If **No**, go to question 3.

3. Are you an employee of a public accounting firm, company, or institution of higher education located outside the United States which also has an office or campus in the United States. Yes ☐ No ☐ If **Yes**, please submit documentation from your employer that verifies your employment and location of the office or campus in the United States.

4. Have you ever been convicted, pled guilty, entered an Alford plea or a plea of no contest to any state or federal felony or misdemeanor charge? Yes ☐ No ☐ If **Yes**, attach a copy of the Judgment, Sentence of Conviction, KY Administrative Office of the Courts Criminal Background Check form AOC-RU-004 or similar document from the state agency where the conviction was entered and a letter of explanation.
If information was previously submitted with exam application, check here ☐

5. Indicate the month and year in which you successfully completed all portions of the Uniform Certified Public Accountants Examination: _____/_____. Indicate the state in which you passed: _____.
If other than Kentucky, request the transfer of your exam scores from either the appropriate State Board or NASBA.

6. Have you ever had a CPA certificate, permit to practice or other professional license in this state or another state denied, revoked or suspended? Yes ☐ No ☐ If **Yes**, enclose a letter indicating the jurisdiction, date of action, and explanation of the circumstances.

Education and Experience Attestation *(required beginning 7/15/2026)*

Select the applicable licensure pathway and submit the necessary supporting documentation if you have not already done so:

_____ I completed a post-baccalaureate or higher degree with a major or concentration in accounting or its equivalent and earned 1 full year/2,000 hours of accounting or attest experience; OR

_____ I completed a baccalaureate degree plus 30 additional semester hours with a major or concentration in accounting or its equivalent and earned 1 full year/2,000 hours of accounting or attest experience; OR

_____ I completed a baccalaureate degree with a major or concentration in accounting or its equivalent and earned 2 full years/4,000 hours of accounting or attest experience.

CURRENT EMPLOYMENT INFORMATION

Are you currently employed? Yes ☐ No ☐ If yes, please provide the following information:

FULL-TIME EMPLOYMENT	PART-TIME EMPLOYMENT
Employer _____	**Employer** _____
Address _____	**Address** _____
City, State, Zip _____	**City, State, Zip** _____
Employment Type: *(check one)*	**Employment Type**: *(check one)*
☐ Public Accounting ☐ Industry ☐ Education ☐ Government	Public Accounting Industry Education Government
If employed in public accounting, indicate capacity: *(check one)*	**If employed in public accounting**, indicate capacity: *(check one)*
Partner Employee Shareholder/Owner Sole Proprietor	Partner Employee Shareholder/Owner Sole Proprietor

Attach a check made payable to the Kentucky State Board of Accountancy in the amount of $100.00.

CERTIFICATION

I do hereby certify that all information provided in this application is true and correct. Further I do hereby acknowledge and agree that if a license as a Certified Public Accountant is issued as a result of this application and later suspended, revoked, or expires I will immediately cease and desist from offering and providing services as a certified public accountant in this state.

Signature _____ Date _____

NOTARY CERTIFICATION

State of _____

County of

I certify this application was subscribed and sworn to before me by _____ on this

_____ day of _____, _____.

Notary Public Signature _____ My commission expires _____

FOR BOARD USE ONLY

LICENSE NUMBER _____

STAFF APPROVAL _____ BOARD APPROVAL _____ DATE _____

July 2026