



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, P.O. Box 45000
Newark, New Jersey 07101
(973) 504-6380



Instructions to Apply for Reinstatement/Reactivation of Licensure as an Accountant

Complete the application and submit the following items to the Board's office:

1. Fees (Submit a check or money order payable to the N.J. State Board of Accountancy):

- a. If you are reinstating from **Expired** status to **Active** status, include the following:
 - i. Payment of the previous triennial license renewal fee of \$135.00 (\$75.00 for PSA) (only if unpaid);
 - ii. Payment of the current triennial renewal fee of \$135.00 (\$75.00 for PSA); and
 - iii. Payment of the reinstatement fee of \$150.00.
- b. If you are reinstating from **Expired** status to **Inactive-Paid** status, include the following:
 - i. Payment of the previous triennial license renewal fee of \$60.00 (if unpaid);
 - ii. Payment of the current triennial license renewal fee of \$60.00; and
 - iii. Payment of the reinstatement fee of \$150.00.
- c. If you are reinstating from **Inactive (Unpaid)** status to **Inactive-Paid** status: \$60.00*
- d. If you are reactivating from **Inactive** status (**Paid or Unpaid**): \$135.00.

2. Proof of Competency (Required if you are reinstating to active status or reactivating):

- a. Continuing Professional Education (C.P.E.) Credit Summary Sheet

Note: The Board will not accept any other form, printout, or spreadsheet in lieu of the enclosed form. However, the form can be recreated for ease of data entry. Do not add additional columns and avoid illegible fonts and font sizes.); and

- b. Satisfactory Proof of C.P.E. (See N.J.A.C. 13:29-6.8)

Note: C.P.E. credits cannot be more than three (3) years old from the date you submit a completed application.

Special Note to Applicants Licensed in Another State:

Per N.J.S.A. 45:1-7.4(c), if your license is valid, current, and in good standing as defined in N.J.S.A. 45:1-7.5(c), you can submit the enclosed C.P.E. credit summary sheet and satisfactory proof of having satisfied that state's continuing education requirements during the licensure period immediately prior to the renewal period for which reinstatement/reactivation is sought.

Failure to submit the applicable items noted above will delay the processing of your application. The Board will notify you if any deficiencies are found in your submission.

***Inactive-Paid vs. Inactive (Unpaid) (N.J.A.C. 13:29-1A.10(i))**

"A licensee electing inactive paid status shall pay the inactive renewal fee. . . which shall entitle the licensee to obtain all printed information disseminated by the Board to all active licensees. A licensee choosing inactive unpaid status shall not be required to pay the inactive renewal fee but shall not be entitled to obtain printed information disseminated by the Board to active licensees."



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Indicate the type of license you want to reinstate/reactivate.

- Certified Public Accountant
- Public Accountant
- Registered Municipal Accountant
- Public School Accountant

License No. _____

Indicate the action you wish to take.

- Reinstate to **Active** status
- Reinstate to **Paid Inactive** status
- Reactivate from **Paid Inactive** status

Date license expired/inactive: _____

Application for Reinstatement/Reactivation of Licensure

Date : _____

A nonrefundable reinstatement fee (see instructions page) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the reinstatement fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement/reactivation process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name _____
Last name First name Middle initial (Maiden name)

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in the denial of reinstatement/reactivation of licensure or certification.

*Social Security Number: _____ - _____ - _____ -

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Council is required to obtain your Social Security number. Pursuant to these authorities, the Council is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d may result in a denial of reinstatement/reactivation of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

9. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

10. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Have you ever been named as a defendant in any litigation related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of architecture or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Employment since your license expired or was placed in inactive status.

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ *(include area code)* Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ *(include area code)* Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ *(include area code)* Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Applicant's name (please print) Applicant's signature Date

CPE CREDIT SUMMARY SHEET

Organize your CPE credits by year, then by subject area. Enter below the total number of credits in each subject within each year. Attach proof (pursuant to N.J.A.C. 13:29-6.8) of credits earned to this form. Documentation to support credits that require the Board's approval¹ must be attached as well. The Board's CPE regulations (N.J.A.C. 13:29-6) and statutes (N.J.S.A. 45:2B-68) can be viewed on the Board's website: <http://www.njconsumeraffairs.gov/acc/Pages/regulations.aspx>.

Indicate the area in which you practice: Public Accounting² Other _____

	Triennial Period			Technical Credits ³		Non-Technical Credits	Additional Credits ⁶
	First Year	Second Year	Third Year	Total Accounting and/or Auditing (A&A) ⁴	Total Other Technical	Total Non-Technical ⁵	Credits Obtained After ⁷
Accounting							
Auditing							
Advisory Services							
Business Law							
Computer Science							
Economics							
Finance							
Mathematics/Statistics							
SEC							
Tax							
Professional Ethics							
Non-Technical							
NJ Law & Ethics ⁸							
Specialized Knowledge ⁹							
Column Totals ¹⁰							
3-Column Totals							

Signature

Print Name

License Number

Date

CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

I, _____, in making this application to the Board for reinstatement/ reactivation of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement/reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement/reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ Date

_____ Signature of applicant

