



2016 Virginia-Specific Ethics Course Sponsor/Provider Application

The VBOA has contracted with the Virginia Society of CPAs (VSCPA) as the only content/material provider of the Virginia-Specific Ethics Course. The VBOA requires all sponsors/providers of the Virginia-Specific Ethics Course be pre-approved prior to instructing the course. Sponsors will be required to demonstrate their compliance with the Board’s policy on content/material and instructor requirements prior to approval. Sponsors not pre-approved annually by Board staff will not be recognized by the Board as an acceptable Virginia-Specific Ethics Course provider. Licensees will not be granted CPE credit for completing a Virginia-Specific Ethics Course from a non-approved sponsor/provider.

SPONSOR INFORMATION

Name: _____ Address: _____

Phone number: _____ Email: _____ Website: _____

- I certify that to my knowledge all the instructors listed below hold an Active Virginia CPA license in good standing.
- I certify that the Virginia-Specific Ethics Course will be instructor-led.
- I certify that I will obtain the course content/material from the VSCPA.
- I understand that I must be pre-approved annually by Board staff as a provider of this course. If approved, I will be listed on the Board’s website as an approved provider.
- I certify that I will submit all course comments to the Board within 60 days of receipt.
- I understand that I will not provide the annual ethics course later than January 31 for the previous calendar year.

Instructor name(s)	Virginia license number(s)	What methods will you use to teach the instructor-led course? (ex. live seminars, conference sessions, online self-study, live webcast, on-demand webcast, in-house training)

Please attach additional sheets if needed.

I understand the course content/material must be obtained from the VSCPA prior to providing the Virginia-Specifics Ethics Course to any licensees. I also understand if the course content/material is not obtained from the VSCPA, my sponsorship will not be valid and I’ll be removed as an approved provider on the VBOA’s website.

Signature: _____

Date: _____

Name: _____

Please complete and return the form by email, fax or by mail.

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