

Individual CPA License Renewal

Please complete and return this form by mail to 9960 Mayland Drive, Suite 402, Henrico, VA 23233.

REMINDERS FOR RENEWAL:

DISCLOSURES

Please contact the VBOA by email at boa@boa.virginia.gov if you need to disclose any information regarding a felony or misdemeanor conviction, an administrative action or civil judgment.

FEES

The annual renewal fee is \$60. If you choose not to use the online payment method, the VBOA accepts payment by check or money order made payable to the Treasurer of Virginia. **The fee for sending a check or money order is an additional \$25.**

Unrenewed licenses will automatically go into Expired status the day after the renewal is due, on July 1. Once the license goes into Expired status, it will be the responsibility of the licensee to reinstate the license. There is a \$350 reinstatement fee.

NAME CHANGE

Documentation must be provided to show each name change if your name has been changed from the most recent renewal. A licensee must contact the VBOA within 30 days of any legal name change. Photocopies of marriage license, court orders or drivers license are accepted.

CONTINUING PROFESSIONAL EDUCATION

You must have completed 120 CPE hours over the previous three calendar years. This includes a minimum of 20 CPE hours each calendar year, including the current year's Virginia-Specific Ethics Course and if you release or authorize the release of reports, 8 CPE hours of A & A. **If you do not have the required CPE hours, please contact the VBOA immediately.**

Please be aware that your signed application affirms that your application is complete and correct and that you have read and understand and will remain current with the laws and regulations governing the practice of accounting in Virginia.

Documents submitted with an application are the property of the VBOA and cannot be returned. Payments returned by the bank for insufficient funds are subject to a returned payment fee, pursuant to [§ 2.2-4805](#) of the Code of Virginia.

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CERTIFICATION

- I comply with the licensing requirements for individuals prescribed in [§ 54.1-4409.2](#) of the Code of Virginia.
- I comply with the requirements for license renewal prescribed by [§ 54.1-4413.2](#) of the Code of Virginia.
- I have met the CPE requirements prescribed by VBOA regulation [18VAC5-22-90](#), including an annual two-hour Virginia-Specific Ethics course, during the previous three calendar year period and shall upon the VBOA's request demonstrate such compliance.
- I understand that if I release or authorize the release of reports on attest or compilation services for persons or entities located in Virginia then I must obtain on an annual basis eight hours of CPE related to attest or compilation services, in compliance with VBOA regulation [18VAC5-22-140](#).
- I have not been the subject of or party to any administrative disciplinary action before any branch of the armed forces in the United States, court, agency of the state or federal government, or before the American Institute for Certified Public Accountants, the Virginia Society of Certified Public Accountants or their successors.
- I have not been convicted in any jurisdiction of a felony or misdemeanor regardless of whether sentence is suspended, imposed or executed, or have not been charged with a crime or have no charges pending.
- I have not had judgment rendered against me for any intentional tort or professional negligence.
- I have not withheld information that might affect the decision by the VBOA to renew my license.
- I certify all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is cause for the denial, suspension or revocation of my license.
- I have carefully read the laws and regulations related to the practice of public accounting. I agree to abide by and remain current with the applicable laws and regulations, which are available at www.boa.virginia.gov.

Name: _____ License number: _____

Signature: _____ Date: _____