

**State of Florida
Department of Business and Professional Regulation
Board of Accountancy
CPA Retired Status Reactivation Application
Form # DBPR CPA 17**

IMPORTANT – Submit all items as indicated by the instructions below with your application to ensure faster processing

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

APPLICATION FEES	
Fees – (0101/1072)	
Retired Reactivation Application	\$250

Requirements for Reactivation of Retired Status

- a. Submit this application and application fee.
- b. Submit CPE hours as indicated below:
 - A minimum of 120 hours of CPE for each biennium, or part thereof, from the effective date of the retired status until the Department's receipt of a CPA Retired Status Reactivation Application..
 - Each group of 120 hours of CPE must include at least thirty (30) hours of accounting and auditing (A&A), and eight (8) hours of Florida Board approved ethics. A licensee may not submit more than 20 behavioral subject hours for each group of 120 hours of CPE.

Note: All CPE hours shall be completed, either 24 months prior to the reactivation application date or 12 months after the application date. Licensees who fail to complete and report their CPE within this designated period shall be required to resubmit a reactivation application. Their required CPE hours will be recalculated based on the resubmission date of the application.

For more information regarding the requirements, please refer to Chapter 61H1, Florida Administrative Code and Chapter 473, Florida Statutes. Links are located on the board's website under [Statutes and Rules](#).

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CPA Retired Status Reactivation Application
Form # CPA 17

Application Type
Retired Reactivation (0101/1072)

APPLICANT INFORMATION		
Fill out each section completely. Note: a social security number is required.		
Social Security Number*	License Number	Date of Birth
FULL LEGAL NAME		
Do not use any nicknames, aliases, or initials		
Last Name	First	Middle
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Residence Phone Number	Business Phone Number	
Email Address		

*The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Please mail your completed application, application fee and required documentation to:

Department of Business and Professional Regulation
2601 Blair Stone Rd
Tallahassee, FL 32399

BACKGROUND QUESTIONS

If you answer yes to any of the following questions, you must complete the Explanation for Background questions sections (page 4). Make additional copies as needed.

If you answer “yes” to questions 1, you must provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied for **each occurrence**. If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required. If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

If you answer “yes” to question 2, you must supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

1.	<input type="checkbox"/> Yes (If yes, please provide an explanation)	<input type="checkbox"/> No	Since applying for your Florida CPA license, have you been convicted or found guilty of, or entered a plea of nolo contendere or guilty, regardless of adjudication, to a crime in any jurisdiction, or are you currently under criminal investigation? <i>This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO.” YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</i>
2.	<input type="checkbox"/> Yes (If yes, please provide an explanation)	<input type="checkbox"/> No	Since applying for your Florida CPA license, has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

EXPLANATION FOR BACKGROUND QUESTION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No

EXPLANATION FOR BACKGROUND QUESTION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No

EXPLANATION FOR BACKGROUND QUESTION	
State/Jurisdiction:	Application Type/License Number:

APPLICANT SIGNATURE	
<p>I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	