



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Accountancy
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4770 • Contact.Accountancy@llr.sc.gov • Fax: 803-896-4554
llr.sc.gov/acct

ACCOUNTING PRACTITIONER REQUIREMENTS AND INSTRUCTIONS ELECTRONIC APP

1. No prior history of dishonest or felonious acts:
2. Be a resident of this State or have a place of business in this State, or as an employee, be regularly employed in this State;
3. Be at least eighteen years of age; and
4. Meet these requirements:
 - (A) Pass the Financial Accounting and Reporting (FAR) and Regulation (REG) sections of the CPA examination; **and**
 - (B) Have a Bachelor's degree with a major in Accounting from an institution that is regionally accredited; **and**
 - (C) Have a passing score of 90 or better on the Professional Ethics: The AICPA's Comprehensive Course. Go to www.cpa2biz.com or 1-888-777-7077 to order.
5. Complete and pass the Financial Accounting and Reporting (FAR) and Regulations (REG) sections of the CPA EXAM. You can either go to NASBA's website www.nasba.org and apply or call 1-800-CPA-EXAM (272-3926).

Submit the following with your application:

- Submit **\$150 (\$50 Application Fee, \$80 one year Licensing Fee, \$20 Certificate Fee)** to transmit application. (Fees are non-refundable)
A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- Upload Copy of your valid Driver's License, State Issued ID or Passport
- Upload Copy of your social security card
- Upload Signature Affidavit with 2x2 Passport Type Photo (Taken less than 6 months prior to the application)
- Upload Legal documentation of name change, if applicable
- Upload Certificate from Professional Ethic Course: The AICPA's Comprehensive Course
- Upload Notarized Verification of Lawful Presence

Have submitted directly to the Board office address above from the issuing agent:

- Official transcript(s) from **all** institutions attended

After submitting your application, allow 24 hours to post. After it has posted, you may check the status at:
<https://eservice.llr.sc.gov/SecurePortal/Login.aspx?ReturnUrl=%2fSecurePortal%2fIndex.aspx>.



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NOTARIZED SIGNATURE AFFIDAVIT

ATTESTATION:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, that I have never been suspended or expelled from any professional organization. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice Accountancy in South Carolina.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct.

I also certify that I have read the South Carolina Accountancy Law and Regulations and that, in submitting this application, I agree to observe faithfully all of said Laws and Regulations in accordance with Section 40-2-35(A)(3).

Signature of Applicant

Print Name of Applicant

Subscribed and sworn to before me this _____ day
of _____ 20_____.

Notary Signature: _____

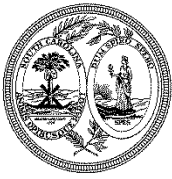
Print Name: _____

Notary for the State of: _____

My Commission expires: _____

**Tape a recent 2 x 2
Passport Photo
(less than 6 months old)**

(Notary Seal)



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)