

National Association of Certified Public Bookkeepers
 1838 N 1075 W, Suite 300
 Farmington, UT 84025

Application for License Renewal/Reinstatement

LICENSE NUMBER	PROFESSIONAL TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	Certified Payroll Specialist	\$25.00 Member \$50.00 Nonmember	12/31/____	Additional fees are required after expiration. See page 2 for details.

NAME AND ADDRESS OF RECORD	NAME AND ADDRESS INFORMATION CORRECTION
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: ____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

QUALIFYING QUESTIONNAIRE	Answer "YES" or "NO" for each question. Do not leave any question blank.
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Please note that false, misleading, or fraudulent answers may result in loss of licensure and are subject to random audit.
(For questions 1 - 4 below, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.)

- _____ 1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?
- _____ 2. Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?
- _____ 3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?
- _____ 4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

If you answered "YES" to question 1, 2, 3, or 4 above, see #1 on page two for instructions on additional requirements.

AFFIDAVIT/SIGNATURE	Read the following carefully. Sign below or follow the instructions as indicated.
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I hereby certify that I have completed all renewal requirements. I understand that I may be subject to audit by NACPB of having met these requirements. I also certify to the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact.

Signature: _____ **Date:** _____

RENEWAL REQUIREMENTS	For NACPB Use Only – Do Not Write in this Area
CPS's are required to complete 16 hours of approved CPE in each year period. The licensee must complete and return the CPE Reporting form with the CPS License Renewal form to NACPB no later than December 31. The licensee is responsible to obtain the forms and to report their CPE by the December 31 deadline. Failure to complete or report CPE will result in denial of renewal of the CPS license. DO NOT submit documentation of your completed hours unless you are audited.	Your license will automatically expire unless you renew it prior to its expiration date. If your license expires, you may not hold yourself out as a CPS until a new license is issued.

1. ADDITIONAL REQUIRED DOCUMENTATION:

If you answered “yes” to question 1, 2, 3, and/or 4 on the first page of this renewal, you must submit complete documentation including any police arrest report, court docket, probation/parole officer report, diversion agreement, and/or plea in abeyance agreement – for each and every arrest, charge, and/or conviction.

2. CHECKLIST FOR TIMELY RENEWAL/REINSTATEMENT:

- Answer all four of the certification questions on page 1 and provide additional documentation, if applicable (#1 above). Sign and date the Affidavit on page 1.
- Pay the correct fee. If reinstating a license after the expiration date, you must pay an additional reinstatement fee.
Pay by credit card online at:
<https://nacpb.org/bookkeeping-school/licenses/payroll/certified-payroll-specialist/>.
- Enclose documentation of your legal name change, if applicable. (See #3 below)
- Email all renewal forms to info@nacpb.org.

3. LEGAL NAME CHANGE: If your legal name has changed, you must verify the change by submitting a copy of a marriage certificate, divorce decree, court order, social security card, or contractor name change form.

4. ADDRESS AND PERSONAL INFORMATION CHANGE: You are responsible to notify NACPB of any changes to your personal information as they occur.

5. TIMELY RENEWAL: You are responsible to comply with all renewal/reinstatement requirements. Your license will automatically expire unless you renew it prior to its expiration date. Therefore, you are encouraged to immediately submit a completed Application for License Renewal/Reinstatement.

6. APPLICATION APPROVAL: Your application will be approved unless you do not meet the renewal/reinstatement requirements or have engaged in serious misconduct. Licenses with specific requirements listed on page 1 of this form may be subject to audit by NACPB. Those selected for audit will be notified. Please note that NACPB reserves the right to initiate action at any time against a licensee who did not meet the renewal/reinstatement requirements at the time the license was issued.

7. NON-REFUNDABLE FEES: Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Please be aware that simply paying the fees does not mean that your license will be automatically renewed unless you meet the current renewal requirements and thereby qualify for a renewed license.

8. REINSTATEMENT FEES: If you fail to timely renew your license by December 31, you will be subject to the following conditions:

- A) If you are reinstating your license within 30 days after the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$25.00.
- B) If you are reinstating your license after 30 days and within two years of the expiration date of your license, you must submit the renewal fee **PLUS** an additional \$50.00.

NOTICE: If you fail to reinstate your license within two years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the new application fees. Contact NACPB for assistance if reinstating after two years of expiration.

CPE Reporting Certification Form

National Association of Certified Public Bookkeepers

Certified Payroll Specialist

INSTRUCTIONS AND INFORMATION

The CPE Reporting Certification Form on the reverse side of this page must be completed and returned to NACPB by December 31. Please complete the entire Form and sign the certification at the bottom of the page. NACPB cannot guarantee the renewal of your license if the Form is not received by December 31.

CPE HOURS MUST BE REPORTED ON THIS FORM. OTHER FORMS ARE NOT ACCEPTABLE.

Continuing Professional Education: CPS licensees are required to complete 16 hours of approved CPE each year. Licensees must complete and return the CPE Reporting Certification Form with the CPS License Renewal Form to NACPB no later than December 31 of the following year. The licensee is responsible to obtain the forms and to report their CPE by the December 31 deadline. Failure to complete or report CPE will result in denial of renewal of the CPS license.

Carry Forward Provision: A licensee who completes more than 16 hours of CPE during the annual reporting period may carry forward up to 8 hours to the next succeeding reporting period.

FAILURE TO COMPLY WITH CPE REQUIREMENTS

Failure to meet the 16 hour requirement: An individual holding a current CPS license who fails to complete the required 16 hours of CPE by the reporting deadline (December 31) will not be allowed to renew their license unless they complete and report to the NACPB Licensing Board at least 30 days prior to their expiration date.

Non-Qualifying or Disqualified CPE hours: An individual who reports non-qualifying hours or who has hours disqualified by the NACPB Licensing Board shall not be allowed to renew their license unless they complete and report the required CPE to the NACPB Licensing Board, within 60 days of receiving notification by the NACPB Licensing Board of their CPE shortage.

Waiver for Medical Reasons: A licensee may request the NACPB Licensing Board to waive the requirements or grant an extension for continuing professional education on the basis that the licensee was not able to complete the continuing professional education due to medical or related conditions confirmed by a qualified health care provider.

Email Complete CPE Reporting Certification Form with the CPS License Renewal Form to:
info@nacpb.org.

CERTIFIED PAYROLL SPECIALIST CPE REPORTING
NATIONAL ASSOCIATION OF CERTIFIED PUBLIC BOOKKEEPERS

Licensee Name: _____ License Number: _____

Please complete the following schedule documenting satisfactory completion of the continuing professional education requirements. *Type or print clearly. Attach additional pages if necessary.*

DATE OF COURSE	COURSE TITLE/DESCRIPTION	SPONSOR	APPROVED COURSE NUMBER (IF ANY)	INDICATE: Participant = P Instructor = I Author = A	CPE HOURS
COURSES TAKEN JANUARY 1, 20__ – DECEMBER 31, 20__					
TOTAL HOURS FOR REPORTING PERIOD					
CARRY-OVER HOURS ALLOWED FROM PRIOR PERIOD (NOT TO EXCEED 8 HOURS)					
TOTAL HOURS					
HOURS AVAILABLE FOR CARRY-OVER TO FUTURE PERIOD (NOT TO EXCEED 8 HOURS)					

I hereby certify that the information I have documented on this form is correct and true to the best of my knowledge.

Signed: _____ Date: _____