

# REINSTATEMENT INSTRUCTIONS

For CPAs or PAs whose license has lapsed for fewer than three (3) years, please submit the following:

- A completed Reinstatement Application (Form 5001) with a 2" X 2" head and shoulders (i.e. passport) picture attached.
- A CPE Report (Form 3101) with supporting documentation for forty (40) hours for each year lapsed (capped at 120 hours).
- Copies of all Certificates of Completion/Attendance for CPE courses.
- A current year Renewal Form (Form 5002B).
- Payment of \$500 reinstatement fee.
- Payment of \$80 current licensing fee.

All fees are non-refundable.

For lapsed licenses of three (3) years or more, in addition to submitting the items listed above, you must also complete the following:

- Submit a Certificate of Experience (Form 2102) for six (6) months of recent experience (within 12 months preceding this application) under the direct supervision of a US licensed CPA or PA.

Note: Approval of reinstatements can take up to six (6) months.



14. If probation was a condition of your sentence, what is the completion date: \_\_\_\_\_
15. Have you been known by any other name? If yes, please list: \_\_\_\_\_
16. Please list any active, lapsed or revoked CPA licenses below (Use separate sheet if needed):

17. If this reinstatement is due to non-renewal, please provide an explanation as to why it was not renewed in a timely manner:

\_\_\_\_\_

\_\_\_\_\_

18. Have you been practicing or holding out during the period your license was inactive?  Yes  No
19. Have you completed 40 hours of qualified CPE for each year unlicensed up to 120 hours maximum?  Yes  No

If so, please attach form 3101, CPE Report and copies of Certificates of Completion/Attendance to document required hours.

In order to process your application, please give a full record of your employment since graduation from college, beginning with present employer. Also explain any break in employment on a separate sheet of paper (Not providing complete dates (MM/DD/YY) will delay your application process.)

NAME AND COMPLETE ADDRESS OF EMPLOYER	DATES		NATURE OF EMPLOYMENT
	FROM	TO	

Part of the requirement for reinstatement for individuals that have had their license lapsed or inactive for more than three (3) years, is to have six (6) months of current experience (within last twelve (12) months) submitted on Form 2102, Certificate of Experience.

Payment of the \$500 Reinstatement fee and \$80 Licensing fee must accompany application.

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on you check: Drivers License #; Full Name; Street Address and Phone Numbers.

IN SUBMITTING THIS APPLICATION, I AGREE that if any part of this application is fraudulent or materially false, I forfeit all credits or rights obtained as a result of this application.

I HEREBY CERTIFY, that the statements above are true and correct to the best of my knowledge and belief and that I have read the South Carolina Accountancy Law, and Regulations.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

ALL FEES ARE NON-REFUNDABLE

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. I am a US citizen, not physically present or employed in the United States.
  - b. I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_

A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_

Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.

Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.

Certificate of Naturalization with intact photo.

Certificate of (US) Citizenship with intact photo.

Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

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(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and 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.

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Signature

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Date

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Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*