



California Board of Accountancy

2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



Notification of Cessation of Practice Privilege Form

CONTACT INFORMATION:

Name: _____
Last First MI

Business*
mailing
Address: _____

Business Phone #: _____ Business Fax #: _____ Email: _____

State(s) of Licensure: _____ License #: _____ Expiration Date: _____

**May provide home address if no business address is available. To help CBA maintain privacy, please write "home" next to any home address that is provided.*

CONDITIONS REQUIRING CESSATION OF PRACTICE:

Please review and check all that apply:

- A. The regulatory agency in the state in which my certificate, license, or permit was issued has taken disciplinary action resulting in the suspension or revocation, including stayed suspension, stayed revocation, or probation of the individual's certificate, license, or permit, or has taken any other disciplinary action against my certificate, license, or permit that arises from any of the following:
 1. Gross negligence, recklessness, or intentional wrongdoing relating to the practice of public accountancy.
 2. Fraud or misappropriation of funds.
 3. Preparation, publication, or dissemination of false, fraudulent, or materially incomplete or misleading financial statements, reports, or information.

For the purposes of responding to this question, "disciplinary action" is an administrative action that resulted in a restriction or penalty being placed on your license, such as a revocation, suspension, or probation. It does not include other types of administrative actions such as citations and fines, orders of abatement, or orders to take specified continuing education courses.

- B. I was convicted in any jurisdiction of any crime involving dishonesty, including, but not limited to, embezzlement, theft, misappropriation of funds or property, or obtaining money, property, or other valuable consideration by fraudulent means or false pretenses. All misdemeanors, felonies, infractions or citations must be reported.

- C. I have been barred from practicing before the United States Securities and Exchange Commission or the Public Company Accounting Oversight Board.
- D. I have had my right to practice before any governmental body or agency suspended.

If you checked a box above, you are not authorized to practice public accountancy in California unless and until you receive written approval from the CBA.

Are you seeking approval to continue practicing in California? Yes No

You must complete and return Attachment 1 providing explanatory details along with this form to the CBA to meet your reporting requirement.

I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form and any accompanying attachments are true, complete, and accurate. I further certify that I have read this entire form. By submitting this form and signing below, I am granting permission to the CBA to verify the information provided and to perform any investigation pertaining to the information I have provided as the CBA deems necessary.

Signature: _____ Date: _____

Name: _____

Attachment 1

1. Please provide explanatory details and any supporting documentation of your condition requiring cessation of practice:

PERSONAL INFORMATION COLLECTION AND ACCESS: The information provided in this form will be used by the California Board of Accountancy to determine whether you qualify for practice privilege in California. Sections 5096 through 5096.21 of the California Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.