



Arkansas State Board of Public Accountancy

900 West Capitol, Suite 400 • Little Rock, AR 72201

phone (501) 682-5532 • fax (501) 682-5538 • www.asbpa.arkansas.gov



Practice Review Survey

PR24 - _____ **License #** _____

Your Practice Review # is on your 2024 Practice Review Notification.

Print name as it appears on license card.

1. LICENSEE IS ENROLLED IN PEER REVIEW (select one)

- ASBPA has access to view my Peer Review documents via the AICPA Facilitated State Board Access (FSBA) website. The date of my latest Peer Review was _____.
- Attached is a copy of the most recently issued Peer Review Report and Peer Review Acceptance Letter OR proof of enrollment in a Peer Review program as my first Peer Review has yet to be completed. I certify that, within 30 days, I will grant ASBPA access to my peer review documents via the FSBA (see Board Rule 20.6(c); for instructions on how to grant the Board access, contact the Alabama Society of CPAs).

2. LICENSEE IS NOT ENROLLED IN PEER REVIEW (select all that apply)

- Attest report issued, enrolling in a Peer Review program.
- Compilation Report issued with disclosures.
- Compilation Report issued without disclosures.

For **each** type of Compilation report, I have attached a copy of the most recently issued report, accompanying financial statements (no work papers), a completed engagement form, and the applicable fee (\$100 for one type of Compilation report, \$150 for both types of compilation reports).

Please remit your Practice Review Survey and all applicable documentation by email or mail to:

Email: Kathrine.Stone@arkansas.gov

Mail: Arkansas State Board of Public Accountancy
Attn: Practice Review
900 West Capitol Ave, Suite 400
Little Rock, AR 72201

Address

Phone Number

Email Address

Date

Signature