



ACAT CREDENTIAL REINSTATEMENT REQUEST FORM

ACAT annual renewals are due June 30th of each year. If you do not pay your renewal fees or meet your CPE requirements, your credential(s) will be suspended. You have five years from the date of suspension to request reinstatement. **The reinstatement fee is \$150 per credential + up to 3 years outstanding credential renewal fees.**

___ Yes, I want to reinstate my ACAT credentials. I understand this will reinstate my credential(s) through June 30, 2011, at which time renewal fees becomes due for 2011-2012.

Please reinstate the following credentials (check all that apply)

___ ABA Accredited Business Accountant/Advisor ___ Accredited Tax Preparer (ATP)
 ___ Accredited Tax Advisor (ATA) ___ Accredited Retirement Advisor (ARA)

CPE requirement, please initial:

___ Over the past 12 months, I have earned one third of the CPE required for the credential to be reinstated.

The CPE required for reinstatement in accountancy (ABA) is 40 hours over the last 12 months, 8 of which must be in accounting and related subjects and 8 must be in taxation.

The CPE required for reinstatement of the Accredited Tax Advisor (ATA) is 30 hours over the last 12 months in taxation and related subjects and in ethics.

The CPE required for reinstatement of the Accredited Tax Preparer (ATP) is 24 hours over the last 12 months in taxation and related subjects and in ethics.

Fees: The reinstatement fee is \$150 per credential + up to 3 years outstanding credential renewal fees

\$150 Reinstatement Fee x # of Credentials =	\$	
PLUS		
1 Credential: \$60 x # of lapsed years (maximum of 3 years) =	\$	
2 Credentials: \$100 x # of lapsed years (maximum of 3 years) =	\$	
3 Credentials: \$125 x # of lapsed years (maximum of 3 years) =	\$	
Total Due:	\$	

Payment information

Check or Money Order, payable to ACAT American Express Discover MasterCard Visa

Card Number _____ Expiration Date _____

Cardholder Signature _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Submit this form with payment and CPE information to:
Accreditation Council for Accountancy and Taxation
 1010 N. Fairfax Street, Alexandria, VA 22314-1574
 Fax: 703.549-2512 • Toll-free: 888.289.7763