



# 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

PR25 - \_\_\_\_\_ License # \_\_\_\_\_

Your Practice Review # is on your 2025 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](mailto:Kathrine.Stone@arkansas.gov)

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

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Address

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Phone Number

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Email Address

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Date

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Signature