

Verification of CPA Exam Continued

Was the applicant ever denied admission to the exam? **YES** **NO**
If yes, use section D of this form to explain.

If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from taking the examination in your state? If yes, use section D of this form to explain. **YES** **NO**

**SECTION C
Verification of
Licensure/Certificate
Status**

License/Certificate Status

If licensing is the responsibility of another agency, please forward and request completion of applicable sections.

The applicant was granted an original/reciprocal (circle one) CPA Certificate Number _____ issued _____ (date) which is in good standing and due to expire on _____ (date) unless noted in section D of this form.

The applicant has completed an ethics examination **YES** **NO** **N/A**
Ethics exam prepared and graded by _____

Ethics Grade _____ Date Passed _____

License to Practice Public Accounting

This is a two-tier state **YES** **NO**

The license from this Board is in good standing and expires on _____

Applicant is currently licensed to engage in the practice of public accounting? **YES** **NO**

Has there ever been any disciplinary action instituted against the applicant? If yes, please explain in Section D. **YES** **NO**

If the applicant does not hold a license from your Board, please indicate the requirements to be met for issuance or reinstatement:

- _____ License/Permit not required
- _____ Pay appropriate fee and/or post bond
- _____ Complete acceptable accounting/auditing experience
- _____ Complete continuing professional education requirements
- _____ Other (please specify)

**SECTION D
Explanations of
Information
Provided or
Exceptions Noted**

**SECTION E
Signature and Seal**

Name of Board or Agency

Official Signature

Title

Telephone Number

Date

**OFFICIAL
BOARD
SEAL**