





**14 CITIZENSHIP/IMMIGRATION STATUS:**

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal Law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I AM: (Check one box)**

- A United States citizen or National.
- An alien lawfully admitted for permanent residence in the United States.
- An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- An refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- Non Immigrant (Temporarily in U.S.)
- An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.

Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: \_\_\_\_\_

If you are not a United States citizen, please enter your registration, VISA, or receipt number issued by the Immigration and Naturalization Service: \_\_\_\_\_

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES USCIS (NCSC) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**15 PHOTOGRAPH REQUIREMENT:**

**DO NOT STAPLE**  
  
**ATTACH SECURELY IN THIS SPACE A 2" X 2" PASSPORT STYLE PHOTOGRAPH TAKEN WITHIN THE PAST YEAR**

Date of photo: \_\_\_\_\_

**16 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)**

**APPLICANT**

I, being duly sworn, declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: \_\_\_\_\_

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

**RETURN DIRECTLY TO:** \_\_\_\_\_

**New York State Education Department, Office of the Professions, Division of Professional Licensing Services, CPA Unit, 89 Washington Avenue, Albany, NY 12234-1000.**