



**Section II: Certification of Grades and Licensure**

**Instructions to Licensing Authority:** The properly authorized officer of the jurisdiction in which the sections of the examination were passed must complete Part A and B, sign and date the certification and return this form **directly** to the Office of the Professions at the address at the end of the form. This form will **not** be accepted if returned by the applicant. A complete history of the applicant's examination sittings, by section, is essential. (If the reported grade is different from an initial grade, indicate by asterisk and explain below the reason for change in grade.)

**Part A – Certification of Examination Grades**

Not applicable. Applicant did not sit for the examination in this jurisdiction.

This is to certify that \_\_\_\_\_ sat \_\_\_\_\_ times for the  
 (Applicant Name, Section I, Item 3)  
 certified public accountancy examination(s) in the State of \_\_\_\_\_. The grades were as follows:

Paper Pencil	Auditing	Bus Law/Prof Res	Financial Accounting & Reporting	Accounting & Reporting
CBT	Auditing & Attestation	Business Environment & Concepts		Regulation
Date and Grade				
Date and Grade				
Date and Grade				
Date and Grade				

The applicant has been credited with the examination section(s) of \_\_\_\_\_ in this State. If there is a reason why you would not recommend the New York State Board give consideration to acceptance of these grades, please explain:

The above grades are recorded as a result of this applicant having passed a written examination: (check one of the following)

- 1. Prepared and graded by the American Institute of Certified Public Accountants.
- 2. Prepared and graded by this licensing authority.
- 3. Prepared by the American Institute of Certified Public Accountants and graded by this licensing authority.
- 4. Prepared and graded by the American Institute of Certified Public Accountants but **regraded** by this licensing authority.
- 5. Other (describe)

Our passing grade is \_\_\_\_\_%

**Part B – Certification of Licensure**

Not applicable. Applicant is not licensed in this jurisdiction.

The applicant holds: (check one)  an original license  A license issued by endorsement or reciprocity

License Number: \_\_\_\_\_ Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo day yr.

- 1. Is the applicant currently registered to practice?  Yes  No
- 2. Was there ever any disciplinary action against this license?  Yes  No  
 If yes, please explain \_\_\_\_\_
- 3. Are there any disciplinary charges pending against this license?  Yes  No  
 If yes, please explain \_\_\_\_\_

**Certification**

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct except as noted in Part B, questions 2 and 3.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo day yr.

Print name: \_\_\_\_\_

Name of licensing authority: \_\_\_\_\_

Title or official position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(SEAL OF LICENSING  
 AUTHORITY)**

**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.