Certification of Out-Of-State Licensure and Examination Grades

(Complete this form to transfer out-of-state licensure or examination grades)

**Applicant Instructions**

1. Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application For Licensure (Form 1). Be sure to sign and date item 8.
2. Send this form to the appropriate jurisdiction that will provide the certification of examination scores and ask that they complete Section II and forward this form to the Office of the Professions at the address at the end of the form. Be sure to include any fee required. **This form will not be accepted if submitted by the applicant.**
3. Endorsement and Foreign endorsement applicants must provide a certification of the license they are endorsing. You may do this by submitting this form or a print-out from the other jurisdiction's on-line verification system or CPA Verify.

**Section I: Applicant Information**

1. **Social Security Number**
   - Leave this blank if you do not have a U.S. Social Security Number
2. **Birth Date**
   - Month Day Year
3. **Print Full Name Exactly as it Appears on Your Application for Licensure (Form 1)**
   - Last
   - First
   - Middle
4. **Mailing Address** (You must notify the Department promptly of any address or name changes.)
   - Line 1
   - Line 2
   - Line 3
   - City
   - State
   - Zip Code
   - Country/Province
5. **Telephone/E-Mail Address**
   - Daytime Phone
   - Area Code Phone Number
   - E-Mail Address

6. **Name as it appears on the U.S. CPA Examination (if different from above):**
   - Last
   - First
   - Middle
7. **If licensed by examination in the United States, give jurisdiction:**
   - ___________________________________________________________________
8. **To the licensing authority of:**
   - ___________________________________________________________________

**Check appropriate boxes:**

- I hereby make application for the transfer of Uniform CPA Examination grades and related information.
- I am a licensed certified public accountant of your jurisdiction.

License number: __________________________ Date issued: _______ / _______ / _______

I request and give permission to the licensing authority named above to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department.

Signature: __________________________ Date: _______ / _______ / _______
Section II: Certification of Grades and Licensure

Instructions to Licensing Authority: The property 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

This is to certify that __________________________________________ sat __________________ times for the certified public accountancy examination(s) in the State of ______________. The grades were as follows:

<table>
<thead>
<tr>
<th>Paper Pencil</th>
<th>Auditing</th>
<th>Bus Law/Prof Res</th>
<th>Financial Accounting &amp; Reporting</th>
<th>Accounting &amp; Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT</td>
<td>CBT</td>
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</tr>
<tr>
<td>Auditing</td>
<td>Auditing &amp; Attestation</td>
<td>Business Environment &amp; Concepts</td>
<td>Financial Accounting &amp; Reporting</td>
<td>Accounting &amp; Reporting</td>
</tr>
<tr>
<td>Date and Grade</td>
<td>Date and Grade</td>
<td>Date and Grade</td>
<td>Date and Grade</td>
<td>Date and Grade</td>
</tr>
</tbody>
</table>

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

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

License Number: __________________________ Date issued: _______ / _______ / _______

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: _______ / _______ / _______

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.