

Form 4

Certified Public Accountant

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov

DEPARTMENT USE ONLY Approved for Waiver

Initials / Date

Experience recommended to Board.

- One year public Two years public Other

Initials / Date

Applicant Experience Record

Applicant Instructions

- 1. Complete Form 4 in ink. Be sure to sign and date item 15 and send this form directly to the Office of the Professions at the address at the end of this form. 2. You must also complete Section I of Form 4B and forward it to each employer with whom experience is claimed for completion and submission directly to the Office of the Professions at the address at the end of form 4B.

PLEASE NOTE: Experience is evaluated by the Board only upon successful completion of all four parts of the Uniform CPA Examination, and upon completion of the requisite length of experience. Do not file experience forms until these conditions have been met.

Section I: Applicant Information

1 Social Security Number Birth Date

3 Print Your Full Name As It Appears On Your Application for Licensure (Form 1)

Last First Middle

5 Telephone/E-Mail Address

Daytime Phone: Home or Business

Area Code Phone Number

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

E-Mail Address (Please print clearly): Home or Business

E-mail address input field

4 Mailing Address: Home or Business (You must notify the Department promptly of any address or name changes.)

Line 1 Line 2 Line 3 City State Zip Code Country/Province

6 Have you ever changed your name? YES NO

7 Do you now hold, or have you ever held, a license or certificate to practice any profession including certified public accountancy in any jurisdiction? YES NO

Profession License number Jurisdiction

8 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? YES NO

9 Are criminal charges pending against you in any court? YES NO

10 Has any licensing or disciplinary authority ever refused to issue or revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? YES NO

11 Are charges pending against you in any jurisdiction for any sort of professional misconduct? YES NO

NOTE: If you answer "Yes" to any questions numbered 8-11, submit a letter giving a complete detailed explanation. Include copies of any court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."



**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 a least 1 year.
- An alien whose deportation is being withheld under Section 241 (b)(3) 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 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.**