Certified Public Accountant Form 4E

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

Endorsement Requirements

☐ **4 in 10**
☐ **Out-of-State License Verification**
☐ **CPE Compliance**

Initials

Date

Applicant Experience Record For Endorsement Applicants

(Complete this form only if you are applying for licensure by endorsement of a CPA license issued by another state or licensure by the endorsement of a CPA license or its equivalent issued by a foreign country)

Applicant Instructions

Complete both pages of this form. In item 3, enter your name as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8 and send this form directly to the Office of the Professions at the address listed at the end of this form. **Your signature on this form must be notarized by a Notary Public.** You must ask each employer listed in the "Experience Claimed" section, item 7 to complete and submit a Form 4B.

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 Name As It Appears on Your Application for Licensure (Form 1)**

Last
First
Middle

4 **Address of Your Principal Place of Business**

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

5 Have you met the continuing professional education (CPE) requirements that apply to you in the state/country of your principal place of business in the year immediately preceding the date that you submitted this application for licensure by endorsement?

☐ **Yes** ☐ **No**

6 Licensure by endorsement requires verification of your licensure status in your initial state/country of licensure and the state/country in which your principal place of business is located (if different than your initial state/country of licensure). A printout from another state/country's online license verification Web site will be accepted as verification if it provides: license number, licensee name, date of licensure and current licensure status. If all of this information is not included on the state/country's web site, then you will be required to have the licensing authority complete and submit a Certification of Out-Of-State Licensure and Examination Grades (Form 3) or a letter of good standing including the required information.

What is your initial state/country of licensure? _____

How will licensure status in this state/country be verified?

☐ Printout from licensing authority's web site (see instructions above)
☐ Form 3 or a letter of good standing submitted by the licensing authority

What is the state/country of your current place of business? _____

How will licensure status in this state/country be verified?

☐ Printout from licensing authority's web site (see instructions)
☐ Form 3 or a letter of good standing submitted by the licensing authority

7 Experience History: You must account for all time from graduation to the date of this application by providing a chronological listing of employment, unemployment and, if any, other activities in the table below. Four years of experience under the supervision of a U.S. licensed CPA since your initial license was issued and within the last ten years, must be supported by the submission of a Certification of Employer (Form 4B). Only time that will be supported by submission of a Form 4B should be listed under "Experience Claimed"

Name and Address of Employer or Activity	Type of Business or Activity	Dates		Experience Claimed			Experience or Time Not Claimed		
		From (Mo./Day/Yr.)	To (Mo./Day/Yr.)	Yrs.	Mos.	Days	Yrs.	Mos.	Days

If more space is required, attach additional sheets

8 **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 permit and/or licensure and may result in criminal prosecution.

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

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 _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

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