

REQUEST FOR INTERSTATE EXCHANGE OF UNIFORM CPA EXAMINATION SCORES (FORM TC) 08/14

Illinois Board of Examiners
Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563
PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: www.ilboa.org • E-MAIL: help@ilboa.org

PLEASE CHECK ONE:

Please check the category that applies to you:

[] Candidate who has taken at least one (1) section of the Uniform CPA Exam as a candidate in a different jurisdiction or has taken some but has not passed all four (4) sections of the exam as a candidate in another jurisdiction.
*Candidates desiring to have scores from Illinois transferred to another jurisdiction do not complete this form. Please submit that request via your online account or by using the Verification of Certification form.

[] Successful candidate applying for TOTAL TRANSFER of CREDIT (passed all four (4) sections of the Uniform CPA Exam as a candidate in a different jurisdiction) wishing to become certified then possibly licensed in Illinois.

[] Certificate/license holder from another jurisdiction applying for a RECIPROCAL certificate in Illinois.
*Candidates who already hold a valid, unrevoked license from a substantially equivalent state (see www.nasba.org or www.ilboa.org) can bypass our organization and apply for licensure directly with the Illinois Department of Financial & Professional Regulation (see www.idfpr.com or 800-560-6420).

SECTION A

Complete Section A only and forward this form to the Board of Accountancy in the state in which you hold a valid unrevoked CPA certificate, or if no certificate is held, to the jurisdiction in which you wrote the Uniform CPA Examination. Request that the State Board complete Sections B through E on pages 5 and 6 and that they return it to the Illinois Board of Examiners at the address above. There may be a fee for this score certification. Check with the state board before mailing. Total Transfer of Credit candidates with foreign transcripts, please submit the appropriate documentation (see www.ilboa.org for further details) to NASBA at: C/O NIES, 150 Fourth Ave, North, Nashville, TN 37219 & this application and fees to the ILBOE.

(Please type or print legibly)

1. Name in Full
First Middle Last
2. Mailing Address
Street Number Apt. Number
City State/Province/Country Zip/Postal Code
3. Email 4. Phone Number

5. Date of Birth 6. U.S. Social Security Number

*We are requesting your social security number (SSN) to expedite your application. The board will not disclose an individual's SSN without the consent of the individual to anyone outside the Board except as mandated by law. Providing your SSN will exempt you from NASBA's background check fee associated with processing each examination application (if applicable).

7. Sex: [] Male [] Female 8. Please select preferred salutation: [] Miss [] Ms. [] Mrs. [] Mr.

9. Date(s) of previous exam sitting(s) (MM/YYYY):

10. This is my authorization for you to furnish the Illinois Board of Examiners with a complete record of my exam scores. I have been issued a CPA certificate from your jurisdiction: Yes [] No []

11. Under penalty of perjury, I certify to the truth and accuracy of all statements, answers and representations made in the foregoing and in all supplementary statements and application materials.

Name (Printed) Signature Date

SECTION B

Sections B through E are to be completed by the Board of Accountancy from where you are transferring your scores or certificate.

The applicant **has** been issued a certificate by this board:

- was issued certificate number _____ on (MM/DD/YYYY) _____
- has successfully practiced public accounting 5 of the last 10 years. Has not been disciplined by this board.
- has a certificate that is in good standing (valid & unrevoked) and expires on (MM/DD/YYYY) _____

SECTION C

The applicant **has not** been issued a certificate by this board because the following requirement(s) has not been met:

- has not passed the Uniform CPA Examination has not passed the Ethics Examination the required experience
- has not paid appropriate fees and/or post bond has not met the residency requirement Other (please specify): _____

SECTION D

Verification of Examination Credits

The following are scores awarded on the Uniform CPA Examination(s) for the applicant named on page 1, as reported by the AICPA Advisory Grading Service and approved unchanged by this board. Please explain below if any scores were changed or if an exam other than the Uniform CPA Exam was used. Attach additional pages if necessary. Please list all scores, include failing scores, recorded for the applicant. Please use a separate sheet for additional scores.

| Date of Exam (MM/DD/YYYY) | AICPA ID # or CBT Section ID # | AUD (AUDIT) | BEC (LPR) | FAR (FARE) | REG (ARE) |
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The information provided herein is correct to the best of my knowledge.

Name of State Board

Signature of Board Representative (do not use a rubber stamp)

Title

Date

SECTION E

Comments or explanations of information provided (if applicable):
