

REQUEST FOR INTERSTATE EXCHANGE OF UNIFORM CPA EXAMINATION SCORES (FORM TC) 11/15

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.ilboe.org • E-MAIL: help@ilboe.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.
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.

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.ilboe.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/DD/YYYY):
10. I have been issued a CPA certificate from your jurisdiction: Yes [ ] No [ ]
11. This is my authorization for you to furnish the Illinois Board of Examiners with a complete record of my exam scores. 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) Date \*Submission of form constitutes an electronic signature.

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 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)

**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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_