

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

This form is for a candidate who has taken the CPA exam in another jurisdiction and now wants become a candidate in Illinois.

PLEASE CHECK THE ONE CATEGORY THAT APPLIES TO YOU:

I have passed all four sections of the Uniform CPA exam in another jurisdiction and want to transfer all the scores to Illinois in order to become certified and then possibly licensed in Illinois.

I have passed and/or failed up to 3 sections of the Uniform CPA Exam in another jurisdiction and want to become an Illinois candidate in order to take the remaining sections of the Uniform CPA exam.

SECTION A

Complete Section A only and forward this form to the State Board of Accountancy 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 page 2 and that they return this form to the Illinois Board of Examiners at the address above. Total Transfer of Credit candidates with foreign transcripts must submit the appropriate documentation to NASBA at: C/O NIES, 150 Fourth Ave, North, Nashville, TN 37219 in order to have a complete education evaluation at 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.

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 State Board of Accountancy under which you originally sat for the Uniform CPA Exam.

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):
