The uniform Certified Public Accountant (CPA) examination is administered quarterly with two months of testing and one month not open to testing. Following are the testing windows:

- January 1 – March 10, Quarter 1 (Q1)
- April 1 – June 10, Quarter 2 (Q2)
- July 1 – September 10, Quarter 3 (Q3)
- October – December 10, Quarter 4 (Q4)

Approved candidates have met the State of Illinois’ requirements and have also been cleared to sit for the CPA examination.

Certified candidates are allowed to state that they have passed the CPA and Ethics examinations. However, this designation does not constitute an Illinois CPA license nor does it afford the ability to hold oneself to the public as a CPA.

(Please type or print legibly)

Date of Request (MM/DD/YYYY): __________________________

1. Name in Full
   First Middle Last

2. Company Name (optional) ______________________________________________________

3. Mailing Address
   Street Number Apt./Ste. Number
   City State/Province/Country Zip/Postal Code

4. Email __________________________________________________ 4. Phone Number __________________

5. Candidate Data Requested [ ] Addresses [ ] E-Mails [ ] BOTH Addresses & E-Mails

6. Format Preference [ ] CD [ ] Paper

7. Quarter: ______ & Year (YYYY): __________________________ [ ] APPROVED [ ] CERTIFIED
   Quarter: ______ & Year (YYYY): __________________________ [ ] APPROVED [ ] CERTIFIED
   Quarter: ______ & Year (YYYY): __________________________ [ ] APPROVED [ ] CERTIFIED
   Quarter: ______ & Year (YYYY): __________________________ [ ] APPROVED [ ] CERTIFIED
   Quarter: ______ & Year (YYYY): __________________________ [ ] APPROVED [ ] CERTIFIED

Please be sure to include the format, exam date(s) and whether or not you desire “Approved to Sit” or “Certified”. We will process these requests as quickly as possible while taking care of other customer requests.

_________________________________       __________
*Submission of form constitutes an electronic signature.
Name (Printed)         Date

FOR OFFICE USE ONLY

Request processed by: ___________________________________________ ____________________
Name (Printed) or Signature  Date

Request received via:  □ Courier (Please specify) __________________________ □ Mail  □ Walk-In