ACADEMIC CREDENTIALS EVALUATION APPLICATION

Illinois Board of Examiners 1120 East Diehl Road, Suite 107 Naperville, IL 60563

PHONE: (815) 753-8900 FAX (815) 753-8953 EMAIL <u>help@ilboe.org</u>

`	,	` '	-	
CHECK ALL THAT APPLY	Y:			
A. [] Domestic C	redentials only	y (\$200)		
B. [] Both Domes	stic and Intern	ational Credentials* ((\$200)	
C. [] I have taken	one, two or tl	hree sections of the C	PA Exam in another	jurisdiction.
*A separate evaluation and fee are education.				
NAME:				
Last		First		Middle
We highly recomme	end you write	your name as it appea	rs on your primary io	d.
MAILING ADDRESS:				
	Street Number			Apt. Number
City	State/Province/Country			Zip/Postal Code
		, · · · · · · · · · · · · · ·		
EMAIL:		PHONE N	UMBER:	
* The Board will not disclose an in mandated by law. Providing your sexamination application.	dividual's SSN v	vithout the consent of the	individual to anyone outs	
SEX: [] Male [] Female		TITLE	E: [] Mr. [] Mrs	. [] Miss [] Ms
List ALL universities/col from ALL institutions at				
Institution	City,	Entrance	Exit	Hours Earned or
Institution	State or	MM/YYYY	MM/YYYY	Degree/Diploma
	Country	141141/11111		and date earned
	Country			dia date carried
			1	

Enclose a check or money order for \$200 in U.S. funds drawn on a U.S. Bank payable to Illinois Board of Examiners. We do not accept cash. 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.				