

INTERSTATE EXCHANGE OF UNIFORM CPA EXAM SCORES

8/21

Illinois Board of Examiners
1120 East Diehl Road, Suite 107
Naperville, IL 60563
PHONE: (815) 753-8900 FAX (815) 753-8953 EMAIL help@ilboe.org

This form is for a candidate who has taken the CPA exam in another jurisdiction and now wants to 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 (Signed)

Date

