

**Certified Public Accountant
Form 1**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Licensure

Applicants Must Complete All Pages of This Application *In Ink*

Instructions: Applicants for licensure must complete all pages of this form **in ink**. You must sign and date the Affidavit on this form in the presence of a Notary Public and submit it with the \$427 licensure and registration fee directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review.

1 07 \$427 ER

NYS License Number

Date Issued

Initials

2 **Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

3 **Birth Date** Month Day Year

4 **Print Name**

Last
First
Middle

6 **Telephone/E-Mail Address**

Daytime phone

Home or Business

Area Code Phone

E-mail Address (please print clearly)

Home or Business

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

5 **Mailing Address:** Home or Business
(You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/
Province

7 **New York State DMV ID Number**
(Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)

8 Name as it appears on degree or other credentials (if different from above):

9 Have you previously applied for New York State licensure in any profession? Yes No
If "yes", in what profession(s)?

10 Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? Yes No
(If so, list below and attach other pages as needed.)

Profession License Number Jurisdiction
Profession License Number Jurisdiction
Profession License Number Jurisdiction

11 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

12 Are criminal charges pending against you in any court? Yes No

13 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

14 Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

NOTE: If you answer "Yes" to any questions numbered 11-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

15 Indicate your route to licensure (check one):

120 semester hour pathway (check one):

Grandparented (application on file and education completed prior to August 1, 2009)

Licensed in another jurisdiction prior to August 1, 2009

150 semester hour pathway

Endorsement

Foreign Endorsement

Fifteen years experience

16 Grandparented 120 semester hour and 2 years of experience applicants only: Do you wish to have your education re-evaluated to determine if you meet the 150 semester hour pathway? If approved under the 150 semester hour pathway, one year of experience will be required. Yes No

Be sure to request that your college(s) send official transcripts of your undergraduate and graduate studies directly to the Department, if you have not already done so.

17 Endorsement Applicants Only: List the CPA license information for the license you wish to endorse. A Form 3 must be submitted for the endorsed license for those jurisdictions that do not provide on-line verification of status and disciplinary action.

Jurisdiction	License Number	Date of Licensure

18 Foreign Endorsement Applicants Only: List the country where you are licensed. The country must have a Mutual Recognition Agreement (MRA) with NASBA/AICPA.:

You must have the foreign licensing authority submit a letter of good standing of your foreign license. You must have 4 years of post license experience certified by a U.S. CPA.

19 Examination Grades: Are you a NY jurisdiction candidate for the Uniform CPA Examination? Yes No

If Yes, NASBA will send the scores on your behalf.

If No, complete the following:

If you passed all or part of the Uniform CPA Examination in another licensing jurisdiction, a report of grades will be sent from: (check all that apply)

CPA Examination Services (NASBA) Interstate Transfer of Exam Scores; indicate jurisdiction: _____

Another State's Board of Accountancy (see Form 3); indicate jurisdiction: _____

NASBA's CredentialNet service; indicate jurisdiction: _____

NASBA's International Qualification Examination (IQEX)

20 Complete the following table, as applicable:

Paper Pencil	Auditing	Bus Law/Prof Res	FARE	Accounting & Reporting
CBT	Auditing & Attestation	Business Environment & Concepts	Financial Accounting & Reporting	Regulation
Date and Grade				
Date and Grade				
Date and Grade				
Date and Grade				

21 Continuing Professional Education

Initial License (120/150 semester hour or 15 years experience) Applicants Only:

Has it been more than 10 years since you passed the Uniform CPA examination? Yes No

If Yes, submit certificates demonstrating 40 continuing professional education credits that have been completed within the past 12 months.

Endorsement Applicants Only:

Have you met the continuing professional education (CPE) requirements that apply to you in the state/country of your principal place of business in the year immediately preceding the date that you submitted this application for licensure by endorsement?

Yes No

22 Education Record

New York Jurisdiction Candidates Only: Did NASBA approve your education for the 150 semester hour requirements?

Yes No

If Yes, please contact NASBA to ensure they have sent your education evaluation to the Department.

If No, it is the applicant's responsibility to do the following:

NY Jurisdiction Candidates with U.S. Only Education: Contact NASBA for any outstanding transcript reviews.

NY Jurisdiction Candidates with Foreign Education and All Other Jurisdiction Candidates: Submit a Certification of Professional Education (Form 2) to each institution attended.

23 Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ to _____ / _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____
mo. yr.

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ to _____ / _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____
mo. yr.

Name of School: _____

City: _____ State/Province: _____ Country: _____

Major/Concentration: _____

Number of years attended: _____ Attendance from: _____ / _____ to _____ / _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): _____

Date Degree/Diploma/Certificate awarded: _____ / _____
mo. yr.

24 Experience History: List employment information that you are claiming toward the experience requirement. A separate Form 4B must be submitted by each employer listed. If you do not intend to have the employer provide a form 4B, please do not list the experience. **Endorsement and Foreign Endorsement Applicants only:** Do not list experience prior to your date of licensure. It will not be accepted. Attach additional sheets if necessary.

Name and Address of Employer	Job Title(s)	Dates		Part Time/ Full Time*
		From	To	
				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
				<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time

*Part-time includes 20 - 34 hours worked per week.

25 Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A. I am not under an obligation to pay child support

OR

B. I am under an obligation to pay child support and (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

26 Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): _____ USCIS number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

27 Gender and Ethnicity: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender: Male

Female

Ethnicity: White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

28 Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: _____

29 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence

Applicant Name

to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.