

APPLICATION FOR A CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT

STATE BOARD OF CPAs OF LOUISIANA
601 Poydras Street, Suite 1770 New Orleans, Louisiana 70130
(504) 566-1244 www.cpaboard.state.la.us

Certificate No.
Date Issued
Reviewed
Approved

Please refer to the instructions on the reverse side or next page of this form. Complete all questions.

1. If you passed the May 1999 or a subsequent CPA exam, type or print name exactly as you wish it scrolled on your certificate:

(limit three names, i.e., first, middle, and last)

2. Full name (no initials): [] Mr. [] Mrs. [] Miss [] Ms.

3. Passed CPA examination as a Louisiana candidate: _____
Month Year

4. Soc. Sec. No.: _____

5. Date of birth: _____ City/State of birth: _____

6. Addresses and phone numbers (include business name, street and post office box as applicable):

a. Preferred mailing address: [] Business [] Residence

b. Email address: _____

c. Business / Employer:

d. Residence:

Phone no. (____) _____

Phone no. (____) _____

7. Summarize the experience for which you are submitting documentation. At least one year of experience must be confirmed that was within the four years preceding the date of this application; involved the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills; and verified by a licensee.

Full time months Part time hours (see instructions)

[] Public practice: _____ mos. _____ hrs.

[] Industry: _____ mos. _____ hrs.

[] Government: _____ mos. _____ hrs.

[] Academia: _____ mos. _____ hrs.

8. Attach completed EXPERIENCE VERIFICATION FORM confirming the experience from:

[] present and/or past employer(s), and [] licensee(s) explaining their supervision of the work experience

For experience in Academia (college teaching), EXPERIENCE VERIFICATION FORM must also include:

[] college courses taught

[] dates (beg. and ending) for each course taught

9. **EMPLOYMENT HISTORY**

Beginning with present employment, list all employment within the last four years whether or not in accounting, etc. Check whether **F** - Full time or **P** - Part time. Full time is at least 40 hours per week. (Attach additional page if necessary.)

| <u>Firm/Employer's Name</u> | <u>Complete Mailing Address</u> | <u>Position</u> | <u>Complete Dates From / To</u> |
|-----------------------------|---------------------------------|-----------------|---------------------------------|
| _____ | _____ | _____ | [] F [] P |
| _____ | _____ | _____ | [] F [] P |
| _____ | _____ | _____ | [] F [] P |
| _____ | _____ | _____ | [] F [] P |

Explain any period(s) not accounted for above:

10. **CONVICTION AND DISCIPLINARY MATTERS**

- [] Yes [] No Have you been charged or convicted of a felony, or entered a plea of guilty or nolo contendere to a felony, in any state or country?
- [] Yes [] No Are you presently under investigation for any of the above?
- [] Yes [] No Have you ever had a professional certification or license denied, revoked, or suspended?

For any "Yes" response, enclose details in a separate letter including the court name and case number, or agency and file no.

11. Enclose a check for payment of \$100 application fee (payable to State Board of CPAs).

12. _____
Signature
Date

INSTRUCTIONS: This form is for applicants who passed the CPA exam as a Louisiana candidate to apply for a certificate/license as a CPA. In order to have an application considered by the Board, the applicant must present proof, documented in a form satisfactory to the Board, that he or she has obtained qualifying experience. At least **one year** of experience must be confirmed that was **within the four years** preceding the date of this application; involved the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills; and, verified by a licensee. The experience must be at least one year of full time experience, or 2,000 hours part-time experience, or a combination of these; however, in no case may it be obtained in less than twelve months.

EXPERIENCE VERIFICATION FORM FROM EMPLOYERS AND LICENSEES: Forms from employers and licensed CPAs must include original signatures from someone in a higher position. They must include the applicant's job titles with detailed descriptions of the experience; indicate the applicable employment and supervision dates (month, day, year); clearly explain the nature and extent of verification by a CPA licensee; verify whether the employment was full-time or part-time; and, should also show the number of people the applicant supervised. For part time hours, also submit time sheets, productivity reports, or payroll records with employer confirmations of the hours worked.

FILING REQUIREMENTS: Original applications and Experience Verification Form must be submitted by mail. Respond to all questions on the form. For item 1, if you passed the May 1999 or subsequent CPA exam, type or print name exactly as you wish it scrolled on your certificate. Otherwise, if you received a Louisiana CPA certificate under prior law, mark item 1 as "not applicable". Applications must be received in the Board's office at least thirty (30) days prior to a regular meeting to be considered by the Board at that meeting. Regularly scheduled meetings are usually held on the last working days of January, April, July, and October. **An incomplete application or one without proper support is not acceptable.**

If you have other questions, contact the Board's office at (504) 566-1244.