State Board of CPAs of Louisiana 601 Poydras Street, Suite 1770 New Orleans, LA 70130

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

This form is essential to the application you are filing with the State Board of CPAs of Louisiana. Before your application will be considered for approval, the information requested below must be verified by the Board of Accountancy where you last sat for the CPA Examination and/or where your certificate/license status was established. Please complete the first section of this form and forward to certifying board. It is suggested that you contact the certifying Board to determine the applicable processing fee.

Social Security No.

Applicant's Name

Ctroot Address		City Chair		Design Bl	umb or			
Street Address		City, State, Zip		Daytime Phone N	urnber			
Original Certificate No. (if applicable)		Date Issued		State				
I am applying to the State Board of CPAs of Louisiana for: CPA Examination Reciprocal Certificate Certificate by Grade Transfer								
I hereby authorize your state board to provide any and all pertinent information requested in this form to the State Board of CPAs of Louisiana.								
Date		Signature of Applicant		nnt				
Section A: Verification of Examination Credits (to be completed by certifying board). The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section D of this form to explain if any of the grades were changed; If an exam other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted). Please list all grades, including failing grades, recorded for applicant								
Date of	AICPA	AUD	BEC	FAR	REG			
Examination	I.D. Numbers	(Auditing)	(LPR or Law)	(FARE or Theory) (A	ARE or Practice)			
		†						
	t ever denied admission t ain in Section D of this fo	Yes	☐ No					
restrictions preven	s not completed the CPA nting him/her from sitting i ain in Section D of this fo	Yes	☐ No					
3. Subjects which the	None	N/A						
4. Date credits or gra	ades expire, if any:	_//		None	□ N/A			

Section B: Certificate / Licensure Status

Certificate As A Certified Public Accountant:

1.	The applicant holds an active original/reciprocal (mark out one) CPA Certificate No, date, which is in good standing unless otherwise noted in Section D of this form.					
2.	Confirmation was received that the applica more advanced degree.	nt has earned a baccalaureate or	Yes	☐ No		
	ense to Practice Public Accounting As a Coensing is the responsibility of another agency, ple		ne applicable s	ection.)		
3.	The applicant holds a CPA license from thi and is currentl		Yes	☐ No		
	(Please note any exceptions to the above s					
4.	If the applicant does not hold a license from requirements to be met for issuance or rein					
	License not required					
	Pay appropriate fees and/or post bond					
	Complete acceptable accounting/auditing e					
	Complete continuing professional education					
	Other: (Please specify)					
Sec	tion C: Additional Information Requested	<u> </u>				
1.	Does your Board issue reciprocal CPA cert	ocal CPA certificates to residents of Louisiana?		☐ No		
2.	Has the applicant ever been censured by y (If yes, please explain in Section D of this fe	e applicant ever been censured by your Board? please explain in Section D of this form.)				
3.	Has your Board ever suspended or revoked the applicant's certificate or license to practice? (If yes, please explain in Section D of this form.)			☐ No		
	etion D: Exceptions Noted or Explanation ted to attached sheets if needed to respond to	·	Seal and Si	gnature must be		
	information provided herein is correct to the	best of our knowledge.				
		Name of State Board:				
		Signature:				
	(BOARD SEAL)	Title:				
		Date:				