

APPLICATION FOR TRANSFER OF GRADES
FOR ISSUANCE OF A CPA CERTIFICATE

STATE BOARD OF CPAs OF LOUISIANA

601 Poydras Street, Suite 1770
New Orleans, Louisiana 70130
(504) 566-1244

Certificate No.
Date Issued
Reviewed
Approved

See separate instructions. Complete applications, including transcript(s) and Authorization for Interstate Exchange of Examination and Licensure Information form(s), should be filed in the Board's office at least thirty (30) days prior to a regularly scheduled Board meeting. (January, April, July, October)

1. 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. [] Ms. [] Miss

3. Social Security No.: 4. Date of Birth 5. Place of birth

6. Resident of LA [] Yes [] No Dates of LA residency From To

7. Residency immediately prior to LA

8. Addresses and phone numbers (include street and post office box if applicable) and indicate preferred mailing address:

a. Business/Employer: Preferred mail b. Residence: Preferred mail

Blank lines for addresses and phone numbers.

Phone no. ()

Email

9. 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 was verified by a licensed CPA.

Full time months Part time hours (see instructions)
[] Public practice: mos. hrs.
[] Industry: mos. hrs.
[] Government: mos. hrs.
[] Academia: mos. hrs.

10. Enclose letter(s) confirming the experience from:

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

For experience in Academia (college teaching), confirmation letters must also include:

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

SUMMARY OF EMPLOYMENT HISTORY - list all employment within the last four years whether or not in accounting.
 Check whether **F** - Full time or **P** - Part time. Full time is at least 40 hours per week.

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

Explain any period(s) not accounted for above: _____

11. Character references (*see instructions*)

By signature, I certify that I am personally acquainted with this applicant; that I am not related to applicant; that to my knowledge applicant has never been convicted of a felony or declared by any court of competent jurisdiction to have committed any fraud; that I know applicant to be of good moral character and does not have a history of committing dishonest acts. I also certify that I personally have never been convicted of a felony or declared by any court of competent jurisdiction to have committed any fraud.

Type or Print	FIRST REFERENCE	SECOND REFERENCE	THIRD REFERENCE
Name	_____	_____	_____
Occupation	_____	_____	_____
Business or firm name	_____	_____	_____
Address	_____	_____	_____
City, state & zip code	_____	_____	_____
Known since (year)	_____	_____	_____
Signature of reference	_____	_____	_____

12. 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.

13. Enclose college transcripts (*see instructions*).

14. Print and send "Authorization for Interstate Exchange of Examination and Licensure Information" to the Board of Accountancy in which you sat and passed the CPA exam. (See separate form and instructions.) That form must be completed and received before this Application for Transfer of Grades form can be considered.

15. Enclose a check for payment of \$125 transfer/application fee (*payable to: STATE BOARD OF CPAs*).

16. Applicant signature: _____ **Date:** _____

17. Affidavit of applicant:

STATE OF _____ Parish/County of _____

On this _____ day of _____, 20____, before me personally appeared _____ well known to me, who signed the above application, and who being duly sworn, declared that the statements therein made are true and correct.

 Notary Public Signature

(S E A L)

 Type or Print Name of Notary