

APPLICATION FOR A RECIPROCAL CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT

STATE BOARD OF CPAs OF LOUISIANA
601 Poydras Street, Suite 1770
New Orleans, Louisiana 70130

Certificate No.
Date Issued
Reviewed
Approved

Please refer to the enclosed instructions.

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. [ ] Miss [ ] Ms.

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

6. Active CPA Cert. No. from the state of

Issue date: Month Day Year

a. Is this your original CPA certificate? [ ] Yes [ ] No

If "No", the original certificate number is from state of

Issue date: Month Day Year [ ] is [ ] is not in good standing.

If not, state reason

b. Reciprocal certificate(s) also held in the following state(s):

c. Have you ever held a Louisiana Original or Reciprocal certificate? [ ] Yes [ ] No

If "Yes": certificate was original or reciprocal, Cert. No. Date issued

7. Number of CPE hours completed: Last year: CPE hours This year: CPE hours

8. [ ] Yes [ ] No Are you resident of Louisiana? If "Yes" - Resided in LA since -Date:

9. 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

Position:

Phone no. ( )

Phone no. ( )

Email:

Email:

\* Items 10, 11, and 12 are only required if your original certificate was issued by a state or territory that is not deemed "substantially equivalent" by this Board, which is: Virgin Islands

\*10. EXPERIENCE: Summarize experience for which you are submitting documentation. At least one year must be have been obtained within the 4 years (or 4 years of CPA practice in the last 10 may be substituted) preceding the date of this application, using skills in accounting, attest, mgt or/ financial advisory, tax, or consulting that can be verified by a licensed CPA.

Full time months Part time hours (see instructions)

[ ] Public practice: mos. hrs.

[ ] Industry: mos. hrs.

[ ] Government /Non-profit: mos. hrs.

[ ] College Teaching/Academia: mos. hrs.

\* Items 10, 11, and 12 are only required if your original certificate was issued by a state or territory that is not deemed "substantially equivalent" by this Board, which is: **Virgin Islands**

- \*11. IF APPLICABLE: Enclose letter(s) or use the EXPERIENCE VERIFICATION FORM confirming qualifying experience of either  
 (a) one year in the last four years, or (b) four years in the last ten years from:  
 Present and/or past employer(s) in public accounting, industry, or government  
 CPA licensee(s) explaining supervision of the work experience  
 For experience in college teaching, confirmation letters must also include:  
 College courses taught, and dates of semesters, at an accredited university

\*12. **EDUCATION:**

IF APPLICABLE: If your original certificate was issued during or after 1997, submit college transcript(s).

13. a. Do you possess a bachelor's degree?  Yes  No

b. Degree awarded \_\_\_\_\_ Date awarded \_\_\_\_\_ College/University \_\_\_\_\_

14. **EMPLOYMENT HISTORY**

**Beginning with most recent 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.

Firm / Employer's Name	Mailing Address	Dates From / To	Full Time or Part Time
_____	_____	_____	[ ] F [ ] P
_____	_____	_____	[ ] F [ ] P
_____	_____	_____	[ ] F [ ] P

Explain any period(s) not accounted for above: \_\_\_\_\_

15. **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?  
 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, restricted or suspended?

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

16. **Character references** (review 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. 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	_____	_____	_____

17.  Enclose a check for payment of the **\$100 application fee** (payable to State Board of CPAs).  
 Enclose or submit the completed Interstate Exchange of Information form(s).

18. Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_