

APPLICATION FOR
RECIPROCAL 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

1. Type or print name exactly as you wish it to appear 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. Contact Information:

a. Business/Employer: Preferred mail

b. Residence: Preferred mail

Position:

Cell Phone no. ()

Work Phone no. ()

Alt. Phone no. ()

Email:

Email:

10. Do you possess a bachelor's degree? [] Yes [] No

Degree awarded Date awarded College/University

11. 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.

<u>Firm / Employer's Name</u>	<u>Mailing Address</u>	<u>Dates</u>		<u>Full Time or Part Time</u>	
		<u>From</u>	<u>To</u>	<u>[]F</u>	<u>[]P</u>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/>

Explain any period(s) in the past **four** years not accounted for above: _____

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?
- 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, suspended or placed on probation?

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

13. Character References:

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	_____	_____	_____
Email	_____	_____	_____
Phone number	(____) _____	(____) _____	(____) _____

******All signatures must be original signatures******

Copied, scanned or electronic signatures are not accepted and will delay the processing of your application.

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

Enclose or submit a Letter of Good Standing from the Board where you are actively licensed.

15. Applicant's signature: _____ Date: _____