

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-1422 • Fax 919-733-4209 • Web www.nccpaboard.gov

APPLICATION FOR TRANSFER OF CREDIT FOR PASSING PART OR ALL OF THE UNIFORM CPA EXAMINATION IN ANOTHER JURISDICTION

First Name Middle Name Last Name Jr./Sr./III

Mailing Address

City State ZIP

Home Telephone Business Telephone

Birth Date City/State of Birth Social Security Number

If you have previously used other names, indicate those here: _____

(1) Prepare the applicant's section of the *Authorization for Interstate Exchange of Examination and Licensure Information* and forward to the appropriate board of accountancy for proper completion. Request that the form be returned directly to you.

(2) Have you filed an application for a North Carolina CPA certificate? Yes ___ No ___

(3) Have you filed an application to take the CPA exam as a North Carolina candidate? Yes ___ No ___

(4) If you have not already done so, request that school(s) where you earned accounting courses submit certified transcripts of courses directly to you to include with your application.

(5) 21 NCAC 08F .0106 permits the transfer of examination grades only if they are earned in accordance with 21 NCAC 08F .0105.

(6) **Application Fee:** If you are applying for a North Carolina CPA certificate, there is no additional application fee.

If you are transferring grades only, the fee is \$75.00.

Make your check payable to the NC State Board of CPA Examiners.

If you prefer, you may pay the applicable fee by VISA or MasterCard

Affidavit of Applicant

I understand that all of the information in this application and other documents to be filed with the Board in connection with this application are a matter of public record and are available for public inspection. I declare under the penalties of perjury that the information and statements made in this application are, to the best of my knowledge and belief, true, correct, and complete.

Signature _____

Date: _____

FOR BOARD USE: Amt. Paid _____ Deposit No. _____ Deposit Date _____