

Arkansas State Board of Public Accountancy

900 W.Capitol, Suite 400 • Little Rock, AR 72201

phone (501) 682-5532 • fax (501) 682-5532 • www.arkansas.gov/ASBPA

Interstate Exchange of Examination and Licensure Information

Candidate or Licensee should fill out the top section of this form and have it mailed by the Board directly to the Arkansas State Board of Public Accountancy.

To be completed by Applicant

_____ Certificate Number	_____ Last Name	_____ First Name	_____ M.I.	_____ Maiden Name
_____ Date of Birth	_____ Social Security Number	_____ Daytime Phone Number	_____ Alternate Phone Number	
_____ Mailing Address		_____ City	_____ State	_____ Zip
_____ E-mail Address				

I hereby authorize the _____ Board of Accounting to furnish to the Arkansas State Board of Public Accountancy the information requested.

Signature

Date

Sections A—D are to be completed by the Board

Section A—Verification of Examination Grades

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service (if applicable) and approved unchanged by this Board. Please use Section D to explain if any of the grades were changed, if an exam other than the Uniform CPA Exam was used, or if there is any reason the grades should not be accepted. If a separate sheet of explanation is attached, please affix an official signature and Board seal.

Exam Date Mo / Yr	AICPA ID #	AUD	BEC	FAR	REG

1. Was the applicant ever denied admission to the examination? ____yes ____no If yes, please explain in Section D.
2. If the applicant has not completed the CPA examination, are there any restrictions preventing him/her from sitting in your state? ____yes ____no If yes, please explain in Section D.
3. Date candidate initially sat for the exam in your state: _____

Section B—Certificate / Licensure Status

Certificate as a Certified Public Accountant

1. The applicant holds an _____ original _____ reciprocal (mark one) CPA certificate which is in good standing unless otherwise noted in Section D of this form. Certificate number _____ Date issued _____
2. Has the individual completed an ethics examination? _____ Yes _____ No _____ N/A
Exam prepared and graded by _____ AICPA _____ Board _____ Other Grade _____

License / permit to practice as a Certified Public Accountant

If licensing is the responsibility of another agency, please forward and request completion of applicable section(s).

3. Has the applicant ever been licensed in your state? _____ Yes _____ No If yes, please complete questions 4 and 5.
4. The applicant holds a _____ license _____ permit (mark one) from your Board to practice as a CPA for the period ending _____ and is currently in good standing in your state. Please note any exceptions to the above statements in section D of this form.
5. If the applicant does not hold a license / permit from your Board, please indicate the requirements to be met for issuance or reinstatement:

License / Permit not required _____

Pay appropriate fees and/or post bond _____

Complete acceptable accounting/auditing experience _____

Complete continuing professional education requirement _____

Other (please specify) _____

Section C — Additional Information Requested

Section D — Exceptions Noted or Explanations of Information Provided

Official seal and signature must be affixed to attached sheets if needed to respond to inquiry.

The information provided herein is correct to the best of our knowledge.

OFFICIAL
BOARD
SEAL

_____ Board

_____ Official Signature

_____ Title _____ Date