

## ACCEPTANCE OF EXAMINATION

1. If you passed the CPA examination in Illinois, the Department will automatically receive verification of your Illinois CPA certificate from the Illinois Board of Examiners (IBOE).
2. If you passed the CPA examination in another state, the Department must receive verification of your CPA certificate from the other state showing that you possess qualifications substantially equivalent to Illinois. Contact the state where you hold a CPA certificate and have an official statement verifying the requirements you met to receive the CPA certificate in that state sent directly to the Department.
3. The Certification by Licensing Agency / Board (CT) must be completed by each jurisdiction in which you have been licensed.
4. The Verification of Employment / Experience (VE-PAE) must be completed by your supervisor to document at least one year of full-time experience providing any type of service or advice involving the use of accounting, audit, management advisory, financial advisory, tax, or consulting skills, or other attestation engagements which may be gained through employment in government, industry, academia, or public practice. The experience must have been gained after completing the education requirements for licensure.

The term "year" shall be 12 months with an average of at least 20 work days per month during which you were engaged in full-time employment equal to 1500 hours or more annually. If you worked part-time for more than one year, but less than four years, and gains 2000 hours of experience, you have met the equivalent of "one year of full-time experience". Verification of the experience shall be completed and signed by your designated supervisor or the authorized agent of your employer.

5. If your CPA certificate was issued more than 4 years prior to applying for licensure, you must complete the Public Accounting CPE reporting form (PA-RF) documenting not less than 90 hours of **verifiable** CPE, including 4 hours covering the subject of professional ethics within the 3 years immediately preceding the application for licensure.

\*\* **Verifiable** CPE is objectively confirmed by a CPE sponsor, including, but not limited to, attending, developing, teaching or presenting CPE.

6. The Affidavit Social Security Number must be completed by those applicants who will never reside or work in the United States.
7. Fee payment amount is indicated on the **Reference Sheet, Chart I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
8. Forward four-page application, supporting documentation, and fee payment to:

Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P. O. Box 7007  
Springfield, Illinois 62791



# REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

## CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

| <u>PROFESSION NAME</u>                  | <u>PROFESSION CODE</u> | <u>LICENSURE METHOD</u>   | <u>APPLICATION FEE</u>        |
|---|------------------------|---------------------------|-------------------------------|
| Licensed Certified<br>Public Accountant | 065                    | Acceptance of Examination | \$120.00                      |
| Licensed Certified<br>Public Accountant | 065                    | Endorsement of License    | \$120.00                      |
| Licensed Certified<br>Public Accountant | 065                    | Restoration               | See Supporting<br>Document RS |

## CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR PUBLIC ACCOUNTANTS  
ENTER N/A IN PART VII a) OF APPLICATION  
FOR LICENSURE AND/OR EXAMINATION

## CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR PUBLIC ACCOUNTANTS  
ENTER N/A IN PART VII b) OF APPLICATION  
FOR LICENSURE AND/OR EXAMINATION

## CHART IV - SCHOOL CODES

NOT APPLICABLE FOR PUBLIC ACCOUNTANTS  
ENTER N/A IN PART VII c) OF APPLICATION  
FOR LICENSURE AND/OR EXAMINATION

## \* \* \* \* \* REQUEST FOR ASSISTANCE \* \* \* \* \*

If assistance is needed, direct your request to one of the following telephone numbers:

1-800-560-6420

TTY - 1-866-325-4949

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.







NAME (Last, First, MI):

SS#:

Profession:

**PART IV: Record of Licensure Information**

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE  | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed, etc.) |
|--|-----------------|----------------|------------------|---------------------------------------|
| State of Original Licensure  |                 |                |                  |                                       |
| State of Current Licensure where you most recently have been practicing. |                 |                |                  |                                       |
| Other States of Licensure  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |
|  |                 |                |                  |                                       |

(If additional space is needed, attach a separate sheet.)

**PART V: Record of Examination**

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

| NAME OF EXAMINATION | STATE | MONTH/YEAR | EXAM RESULTS             |
|---------------------|-------|------------|--------------------------|
|                     |       |            | (Passed, Failed, Absent) |
|                     |       |            |                          |
|                     |       |            |                          |
|                     |       |            |                          |
|                     |       |            |                          |
|                     |       |            |                          |

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

SS#:

Profession:

| PART VI: Personal History Information (This part must be completed by all applicants)  | YES | NO |
|--|-----|----|
| 1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i> |     |    |
| 2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>   |     |    |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>   |     |    |
| 4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>   |     |    |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>   |     |    |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>  |     |    |

**PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes  No   
(NOTE: If you are not subject to a child support order, answer "no.")

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2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes  No

**PART VIII: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_ \_\_\_\_\_  
 Signature of Applicant Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.



|  |  |  |
|--|--|--|
| <b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. | <b>VERIFICATION OF<br/>EMPLOYMENT/EXPERIENCE</b> | SUPPORTING DOCUMENT<br><br><b>VE-PAE</b> |
|--|--|--|

**APPLICANT:** Complete the applicant section of this form and forward it to your employer for completion of the verification. You may be requested to further document such experience. This form is to be used for verification of experience during which you provided any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills which were gained through employment in government, industry, academia, or public practice.

|  |   |  |
|--|---|--|
| 1. NAME LAST FIRST MIDDLE  | 2. DATE OF BIRTH<br>___ / ___ / ___<br><small>Month Day Year</small>  | 3. SOCIAL SECURITY NUMBER<br>- - - - - |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE   | 5. PROFESSION NAME AND THREE DIGIT PROFESSION CODE<br><br><div style="display: flex; justify-content: space-between;"> <span>Certified Public Accountant</span> <span>0 6 5</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Profession Name</span> <span>Profession Code</span> </div> |  |
| 6. MAIDEN OR GIVEN SURNAME   |   |  |
| 7. Have you been granted a Certified Public Accountant Certificate by the University of Illinois or the Board of Examiners?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If "Yes," record certificate number _____ Date of issuance ___ / ___ / ___<br><small style="margin-left: 150px;">Month Day Year</small> |   |  |

**EMPLOYER:** Complete the remainder of this form. Form must be completed by employer where work experience was obtained.

**PART I. - EMPLOYER INFORMATION**

|  |                       |
|--|-----------------------|
| A. NAME AND ADDRESS OF EMPLOYER        | B. NAME OF SUPERVISOR |
| C. SUPERVISOR'S POSITION OR TITLE HELD |                       |

**PART II. - APPLICANT EMPLOYMENT INFORMATION**

|   |  |  |
|---|--|--|
| A. NUMBER OF HOURS WORKED PER WEEK  | B. TYPE OF EMPLOYMENT<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | C. DATES OF EMPLOYMENT<br>From ___ / ___ / ___ To ___ / ___ / ___<br><small style="margin-left: 20px;">Month Day Year Month Day Year</small> |
| D. CATEGORY TYPE (SELECT ONE)<br><input type="checkbox"/> GOVERNMENT <input type="checkbox"/> INDUSTRY<br><input type="checkbox"/> ACADEMIA <input type="checkbox"/> PUBLIC PRACTICE  |  | E. APPLICANT'S POSITION OR TITLE HELD  |
| F. GIVE A GENERAL DESCRIPTION OF WORK PERFORMED BY THE APPLICANT RELATIVE TO THE DEFINITION OF "EXPERIENCE" REFERENCED IN SECTION 1420.10 OF THE RULES FOR THE ADMINISTRATION OF THE ILLINOIS PUBLIC ACCOUNTING ACT. (If additional space is required, use the reverse side of this form.)<br><br><hr/> <hr/> <hr/> |  |  |

I do hereby declare that the information recorded hereon is true and correct and, that I am authorized to verify and release the above recorded employee information.

\_\_\_\_\_  
 Signature and Title Date



PLEASE TYPE OR PRINT

## AFFIDAVIT SOCIAL SECURITY NUMBER

**APPLICANTS who state they cannot obtain a social security number must complete this form.**

|   |  |
|---|--|
| 1.    NAME    LAST    FIRST            MIDDLE   | 2.    DATE OF BIRTH<br><br>____/____/____<br>Month   Day    Year |
| 3.    ADDRESS    STREET, CITY, STATE, ZIP CODE  |  |
| 4.    NAME OF PROFESSION<br>Record profession name for which you are making application.<br><br>_____ | 5.    MAIDEN OR GIVEN SURNAME<br><br>_____                       |
| Profession  |  |

*Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes, 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification. Please be advised your professional licensure act may also require disclosure of your social security number.*

*I hereby certify that I do not have a social security number because \_\_\_\_\_*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that in the event I obtain a social security number, I have the obligation to provide the Division of Professional Regulation, in writing, with the social security number within 10 days. My failure to do so may result in disciplinary action against my license.*

*Under penalty of perjury, I hereby declare that the above information is true and correct.*

\_\_\_\_\_

SignatureDate



|   |  |                                      |
|---|--|--------------------------------------|
| <b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. | <b>CERTIFICATION BY LICENSING AGENCY / BOARD</b> | SUPPORTING DOCUMENT<br><br><b>CT</b> |
|---|--|--------------------------------------|

**APPLICANT:** Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

|  |   |   |
|--|---|---|
| 1. NAME LAST FIRST MIDDLE<br>_____   | 2. DATE OF BIRTH<br>____ / ____ / ____<br>Month Day Year  | 3. SOCIAL SECURITY NUMBER<br>_____                    |
| 4. ADDRESS STREET, CITY, STATE, ZIP CODE<br>_____  | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.<br><br>_____ Profession Name _____ Profession Code |   |
| 6. MAIDEN OR GIVEN SURNAME<br>_____  | 7. APPLICANT TELEPHONE NUMBER (Daytime)<br>Area Code ( _____ ) _____ - _____  |   |
| 8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)<br>_____ | 8b. LICENSE NUMBER (If applicable)<br>_____   | 8c. ISSUANCE DATE OF LICENSE (If applicable)<br>_____ |

I hereby authorize \_\_\_\_\_ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.  
 Name of Licensing Agency or Board  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO APPLICANT**

**LICENSING AGENCY:** The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

**PART I - CERTIFICATION OF EXAMINATION STATUS**

A. The applicant  has written  is scheduled to write the following examination:  
 \_\_\_\_\_  
 Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination \_\_\_\_\_ number of times.

**PART II - CERTIFICATION OF LICENSURE**

|  |                               |
|--|-------------------------------|
| A. NAME OF PROFESSION AS IT APPEARS ON LICENSE | B. LICENSE NUMBER             |
| C. ISSUANCE DATE OF LICENSE                    | D. EXPIRATION DATE OF LICENSE |

**E. LICENSURE METHOD**

|   |   |
|---|---|
| <input type="checkbox"/> Examination (Administered in Your State)<br><input type="checkbox"/> National (Name) _____<br><input type="checkbox"/> State Constructed _____<br><input type="checkbox"/> Other (Name) _____<br><input type="checkbox"/> Endorsement of License (State)<br>Acceptance of Examination Results _____<br>(Administered in Another State) | <input type="checkbox"/> Reciprocity with (State) _____<br><input type="checkbox"/> Waiver/Grandfather<br><input type="checkbox"/> Credentials<br><input type="checkbox"/> Other (Describe) _____ |
|---|---|

|   |  |                     |       |         |       |           |       |                        |       |                               |  |   |  |
|---|--|---------------------|-------|---------|-------|-----------|-------|------------------------|-------|-------------------------------|--|---|--|
| <b>F. CURRENT LICENSURE STATUS</b><br><input type="checkbox"/> Active<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Lapsed<br><input type="checkbox"/> Other (Explain) _____<br>_____<br>_____ | <b>G. IF LICENSED BY EXAMINATION, RECORD SCORES</b><br><table style="width:100%;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2">Received no Grade Below _____</td> </tr> <tr> <td colspan="2">Examination Period ____ days ____ hours</td> </tr> </table> | Type of Examination | Score | Written | _____ | Practical | _____ | Other (Describe) _____ | _____ | Received no Grade Below _____ |  | Examination Period ____ days ____ hours |  |
| Type of Examination   | Score  |                     |       |         |       |           |       |                        |       |                               |  |   |  |
| Written   | _____  |                     |       |         |       |           |       |                        |       |                               |  |   |  |
| Practical   | _____  |                     |       |         |       |           |       |                        |       |                               |  |   |  |
| Other (Describe) _____  | _____  |                     |       |         |       |           |       |                        |       |                               |  |   |  |
| Received no Grade Below _____   |  |                     |       |         |       |           |       |                        |       |                               |  |   |  |
| Examination Period ____ days ____ hours   |  |                     |       |         |       |           |       |                        |       |                               |  |   |  |

NAME (Last, First, MI):

SS#:

Profession:

**PART III - CERTIFICATION OF EXAMINATION SCORES**

A1. National or other Profession Specific Examination  
(Record all available information)

Date of Examination \_\_\_\_\_

|                    |       |                 |       |
|--------------------|-------|-----------------|-------|
| Scaled Score       | _____ | Raw Score       | _____ |
| Standard Deviation | _____ | Corrected Score | _____ |
| National Mean      | _____ | Percent Score   | _____ |

A 2

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
|         |      |       |         |      |       |
|         |      |       |         |      |       |
|         |      |       |         |      |       |
|         |      |       |         |      |       |
|         |      |       |         |      |       |

B. State Constructed Examination

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
|         |      |       |         |      |       |
|         |      |       |         |      |       |
|         |      |       |         |      |       |
|         |      |       |         |      |       |
|         |      |       |         |      |       |

**PART IV - FORMAL ACTIONS**

- A. Is there now or has there ever been any formal action commenced against the applicant?  Yes  No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.)  Yes  No

**PART V - RECIPROCAL REGISTRATION**

This state  does  does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Agency/Board Street Address

\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Area Code (     )

\_\_\_\_\_

Telephone Number

**Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.**

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**



