

APPLICATION FOR A CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT

STATE BOARD OF CPAs OF LOUISIANA

601 Poydras Street, Suite 1770
New Orleans, Louisiana 70130

L Cont. No.
Certificate No.
Date Issued
UL No. void
Reviewed
Approved

Please refer to the instructions on the reverse side or next page of this form.

- 1. If you passed the May 1999 or a subsequent CPA exam, 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 Number:

- 4. Addresses and phone numbers (include street and post office box if applicable):

a. Business/Employer:

b. Residence:

Phone no. ( )

Phone no. ( )

- 5. Preferred mailing address: [ ] Business [ ] Residence

- 6. Summarize the experience for which you are submitting documentation. At least one year of experience must be confirmed that was within the four years preceding the date of this application; involved the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills; and, was supervised and verified by a licensee.

Full time months Part time hours (see instructions)

[ ] Public practice: mos. hrs.

[ ] Industry: mos. hrs.

[ ] Government: mos. hrs.

[ ] Academia: mos. hrs.

- 7. [ ] Enclose letter(s) confirming the experience from:
[ ] present and/or past employer(s), and
[ ] licensee(s) explaining their supervision of the work experience
For experience in Academia (college teaching), confirmation letters must also include:
[ ] college courses taught
[ ] dates (beg. and ending) for each course taught

- 8. [ ] Complete the sections on employment history, conviction and disciplinary matters on reverse side (or next page) of this form.

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

10. \_\_\_\_\_  
Signature Date

Revision 10/01

**EMPLOYMENT HISTORY**

**Beginning with present 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>Complete Mailing Address</u>	<u>Position</u>	<u>Complete Dates From / To</u>	
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> P
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> P
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> P
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> P

Explain any period(s) not accounted for above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, in any state or country?

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, or suspended?

*For any "Yes" response, enclose details in a separate letter including the court name and case number, or agency and file no.*

.....

**INSTRUCTIONS:** In order to have an application considered by the Board, the applicant must present proof, documented in a form satisfactory to the Board, that he or she has obtained qualifying experience. At least **one year** of experience must be confirmed that was **within the four years** preceding the date of this application; involved the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills; and, was supervised and verified by a licensee.

**CONFIRMATION LETTERS FROM EMPLOYERS AND LICENSEES:** Letters from employers and licensee supervisors must be written on company letterhead and signed by an immediate supervisor or one in a higher position. These letters must be original letters or statements, addressed to this Board. They must include the applicant's job titles with detailed descriptions of the experience; indicate the applicable employment and supervision dates (month, day, year); clearly explain the nature and extent of supervision by a CPA licensee; verify whether the employment was full-time or part-time; and, should also show number of people the applicant supervised in his/her position. For part time hours, documentation in the form of time sheets or payroll records must be provided.

*FILING REQUIREMENTS:* Original applications and letters must be submitted (not photocopies) by mail. Respond to all questions on the form. For item 1, if you passed the May 1999 or subsequent CPA exam, type or print name exactly as you wish it scrolled on your certificate. Otherwise, if you received a Louisiana CPA certificate under prior law, mark item 1 as "not applicable". Applications must be received in the Board's office at least thirty (30) days prior to a regular meeting to be considered by the Board at that meeting. Regularly scheduled meetings are usually held on the last working days of January, April, July and October. An incomplete application or one without proper support is not acceptable.

If you have other questions, contact the Board's office at (504) 566-1244.