

**State Board of CPAs of Louisiana  
601 Poydras Street, Suite 1770  
New Orleans, LA 70130**

**AUTHORIZATION FOR INTERSTATE EXCHANGE  
OF EXAMINATION AND LICENSURE INFORMATION**

This form is essential to the application you are filing with the State Board of CPAs of Louisiana. Before your application will be considered for approval, the information requested below must be verified by the Board of Accountancy where you last sat for the CPA Examination and/or where your certificate/license status was established. Please complete the first section of this form and forward to certifying board. It is suggested that you contact the certifying Board to determine the applicable processing fee.

Applicant's Name	Social Security No.
Street Address	City, State, Zip
	Daytime Phone Number
Original Certificate No. (if applicable)	Date Issued
	State

I am applying to the State Board of CPAs of Louisiana for:

- CPA Examination
  Reciprocal Certificate
  Certificate by Grade Transfer

I hereby authorize your state board to provide any and all pertinent information requested in this form to the State Board of CPAs of Louisiana.

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

**Section A: Verification of Examination Credits** (to be completed by certifying board). The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section D of this form to explain if any of the grades were changed; If an exam other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted).

**Please list all grades, including failing grades, recorded for applicant**

Date of Examination	AICPA I.D. Numbers	AUDIT (Auditing)	LPR (Law)	FARE (Theory)	ARE (Practice)

1. Was this applicant ever denied admission to the exam?  Yes  No  
If yes, please explain in Section D of this form.
  
2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  Yes  No  
If yes, please explain in Section D of this form.
  
3. Subjects which the candidate has been granted credit for, if any:  None  N/A  
 AUDIT     LPR     FARE     ARE

4. Date credits or grades expire, if any: \_\_\_\_/\_\_\_\_/\_\_\_\_

None

N/A

**Please complete other side**

**Section B: Certificate / Licensure Status**

**Certificate As A Certified Public Accountant:**

- The applicant holds an active original/reciprocal (mark out one) CPA Certificate No. \_\_\_\_\_, dated \_\_\_\_/\_\_\_\_/\_\_\_\_, which is in good standing unless otherwise noted in Section D of this form.
- Confirmation was received that the applicant has earned a baccalaureate or more advanced degree.  Yes  No

**License to Practice Public Accounting As a Certified Public Accountant:**

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

- The applicant holds a CPA license from this board: for the period ending \_\_\_\_/\_\_\_\_/\_\_\_\_ and is currently in good standing in this State.  Yes  No

(Please note any exceptions to the above statements in Section D of this form.)

- If the applicant does not hold a license from your Board, please indicate the requirements to be met for issuance or reinstatement:

License not required ..... \_\_\_\_\_

Pay appropriate fees and/or post bond ..... \_\_\_\_\_

Complete acceptable accounting/auditing experience ..... \_\_\_\_\_

Complete continuing professional education requirements ..... \_\_\_\_\_

Other: (Please specify) \_\_\_\_\_

**Section C: Additional Information Requested**

- Does your Board issue reciprocal CPA certificates to residents of Louisiana?  Yes  No
- Has the applicant ever been censured by your Board? (If yes, please explain in Section D of this form.)  Yes  No
- Has your Board ever suspended or revoked the applicant's certificate or license to practice? (If yes, please explain in Section D of this form.)  Yes  No

**Section D: Exceptions Noted or Explanations of Information Provided** (Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry.)

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

Name of State Board: \_\_\_\_\_

(BOARD SEAL)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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