North Carolina State Board of CPA Examiners
1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone: (919) 733-4224 • Fax: (919) 733-4209 • Web: www.nccpaboard.gov

UNIFORM CPA EXAMINATION APPLICATION INSTRUCTIONS (RE-EXAM APPLICANTS)

A. All applicants who have previously sat for at least one section of the computer-based Uniform CPA Examination ("Examination") must complete this re-Exam application to reapply to sit for the Examination. Re-applying for an Examination section before receiving your score notice for that same Examination section will result in the forfeiture of the administrative fee upon notification of a passing score.

B. Please type or legibly print all responses in blue or black ink only. All questions must be answered for the application to be considered complete. Incomplete applications will not be considered and will be returned to the applicant.

C. When completing Question 2, your name must **exactly** match the name on the photo id you will use for admittance to the Prometric Testing Center. If your name has changed (marriage, divorce, etc.) since you completed a previous application for the Examination, please provide a photocopy of the official document which authorizes the name change.

D. The Board's preferred method of contacting applicants is email (Question 5). If you do not have an email address, you must provide the Board with at least one other form of contact, such as a mailing address or fax number.

E. Applicants are not required to sit for all four Examination sections in one sitting, nor are applicants required to sit for all unpassed sections in one sitting; you may chose to sit for one, two, three, or four sections (Question 6). When your application to sit for the Examination is approved, you will receive a Notice to Schedule (NTS) from the Board. The NTS is valid for six months from the date of issue and you must schedule and sit for the Exam section(s) you indicated on your application. All fees and costs paid with an approved application for the Examination are **non-refundable** and cannot be used toward a future Examination application.

F. All attachments in the Pertinent Data section (Question 7) must accompany the application when it is submitted to the Board. Applications that do not include the necessary attachments when submitted will be deemed incomplete and will be returned to the applicant.

G. All re-Exam applicants, regardless of the number of Exam sections for which they are sitting, shall pay, with this application, the $75.00 administrative fee and the section fee for each section of the Examination for which you are applying. Fees for the Examination are shown below.

Administrative Fee	$75.00	$75.00
Auditing & Attestation (AUDIT)	$193.45	
Financial Accounting & Reporting (FAR)	$193.45	
Regulation (REG)	$173.60	
Business Environments & Concepts (BEC)	$173.60	
TOTAL FEES TO BE SUBMITTED WITH APPLICATION		

Make checks payable to: **State Board of CPA Examiners**. Fees may be paid by VISA or MasterCard (use enclosed authorization slip). If a check or credit card does not clear the issuing financial institution, the application will be deemed incomplete and will be returned to the applicant. A $36.00 processing fee will be charged for any check which does not clear the issuing financial institution.

H. If you have a disability or handicap and wish to request special accommodations, you must contact the Board to obtain the proper forms to be submitted with your application.

I. All inquiries regarding your application should be sent by email to **phyllise@nccpaboard.gov.**

J. Keep these instructions and a copy of your completed application for your records. Mail your completed application to:

Exam Application
NC State Board of CPA Examiners
PO Box 12827
Raleigh, NC 27605-2827

APPLICATION CHECKLIST

Please review your application and any attachments for completeness before submitting your application to the Board.

Did you complete the application using blue or black ink?
Did you answer all questions?
Did you enclose the correct fees?
Did you make your check payable to the State Board of CPA Examiners?
Did you sign and date the application**?**

NOTE: Please allow at least 10-15 business days for your application to be processed and an NTS to be generated by NASBA.

REVISED 10/2015

North Carolina State Board of CPA Examiners
1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone: (919) 733-4224 • Fax: (919) 733-4209 • Web: www.nccpaboard.gov

RE-EXAM APPLICATION FOR UNIFORM CPA EXAMINATION

1. SOCIAL SECURITY NUMBER

2. NAME (MUST EXACTLY MATCH THE NAME ON PHOTO ID TO BE USED FOR ADMITTANCE TO TESTING CENTER)

First Middle Last

MOTHER'S MAIDEN NAME

3. HOME ADDRESS AND PHONE NUMBER

Phone Area Code

Fax Area Code

City State Zip Code

E-Mail Address

4. BUSINESS ADDRESS AND PHONE NUMBER

Name of Firm/Company/Organization

Phone Area Code

Fax Area Code

City State Zip Code

Email Address

5. PREFERRED METHOD OF CONTACT (CHECK ONE):

- ☐ Home Email
- ☐ Home Fax
- ☐ Home Address
- ☐ Business Email
- ☐ Business Fax
- ☐ Business Address

6. SELECT SECTION(S) TO BE TAKEN:

- ☐ Business Environment & Concepts (BEC)
- ☐ Auditing & Attestation (AUDIT)
- ☐ Regulation (REG)
- ☐ Financial Accounting & Reporting (FAR)

7. PERTINENT DATA

A. Since your last Exam application, have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded *nolo contendere* to any criminal offense, excluding non-criminal traffic infractions? You are not required to disclose any arrest, charge, or conviction that has been expunged by the court. If yes, please attach copy of court record(s). ☐ Y ☐ N

B. Since your last Exam application, have you had an application for a license denied or any license disciplined, suspended, or revoked by any state or federal agency? If yes, please attach detailed explanation/information. ☐ Y ☐ N

8. POLICY ON CHEATING

Any individual found to have engaged in conduct which subverts, or attempts to subvert, the Uniform CPA Examination process may, at the discretion of the North Carolina State Board of CPA Examiners, have his or her scores on the examination withheld and/or declared invalid, be disqualified from holding the CPA certification, and may be subject to the imposition of other appropriate sanctions. Conduct which subverts or attempts to subvert the Uniform CPA Examination process includes, but is not limited to: (1) conduct which violates the standard of the test administration, such as communicating with any other examinee during the administration of the Uniform CPA Examination; copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the examination; having in one's possession, during the administration of the examination, any books, notes, written or printed material, or data of any other kind, other than the distributed examination materials; and failure to cooperate with testing officials, and (2) conduct which violates the credentialing process, such as falsifying or misrepresenting educational credentials or other information required for admission to the examination; impersonating an examinee; or having an impersonator take the examination on another's behalf.

9. AFFIDAVIT OF APPLICANT

I have read North Carolina General Statute (NCGS) 93 and Title 21 North Carolina Administrative Code, Subchapter 08F (21 NCAC 08F) and do understand the State law and the rules of the Board applicable to the Uniform CPA Examination. Except as stated in a letter attached to this application, I meet all of the requirements to apply for this examination. This completed application and all required attachments have been shown to and read by all persons who are attesting to my eligibility to take this examination. I declare under the penalties of perjury that the information and statements made in this application are, to the best of my knowledge, true, correct, and complete. I understand that the contents of this application, including all attachments, as well as any disciplinary action or Consent Order, regarding me may be subject to the North Carolina Public Records Act. I understand by applying to sit for this examination I am waiving any claim of confidentiality or privacy regarding disclosure of such public records.

I understand that the examination is the property of the North Carolina State Board of CPA Examiners and that I will not remove any examination materials, notes, or any other unauthorized materials from the examination room. I agree to keep confidential and will not disclose in any manner whatsoever any information concerning the questions or content of the Uniform CPA Examination as a result of taking the examination. I understand that failure to comply may result in invalidation of my grades, disqualification from future examinations, and possible civil and criminal penalties. Furthermore, I agree that in the event my examination is lost, any claim I may have against the North Carolina State Board of CPA Examiners will be limited to the examination fee paid by me. All fees and costs paid with an application for the Uniform CPA Examination are **non-refundable** and cannot be used toward a future Uniform CPA Examination application. I have read this application and do understand it and the policies of the North Carolina State Board of CPA Examiners. I agree to comply with all written rules and instructions pertaining to the Administration of the Uniform CPA Examination, including the policy on cheating, which is printed above. I further authorize the North Carolina State Board of CPA Examiners to make such investigative inquiries it deems necessary and release from liability all parties responding to such inquiries.

Printed Name: **Signature:** _____

Date:

For Board Use: ADM _____ BEC _____ AUDIT _____ REG _____ FAR _____ DATA KEY _____ DEP. _____ FILE_____

North Carolina State Board of Certified Public Accountant Examiners
1101 Oberlin Road, Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone (919) 733-4222 • Facsimile (919) 733-4209 • Web www.nccpaboard.gov

CREDIT CARD PAYMENT

Credit card payment cannot be processed unless all fields below are complete.

_____ MasterCard _____ VISA Amount $_____

Credit Card Account Number _____

Security Code _____ Expiration Date _____
(located on back of card in/near signature box) (MM/YYYY)

Exact Name on Card _____

Billing Address for Card _____
Street Address/PO Box City/State/Zip Code

Signature_____ Date _____

FOR BOARD USE **AUTHORIZATION CODE** _____