

**North Carolina State Board of CPA Examiners**  
 PO Box 12827 • Raleigh, NC 27605  
 Phone: (919) 733-4224 • Fax: (919) 733-4209 • Web: [nccpaboard.gov](http://nccpaboard.gov)

### UNIFORM CPA EXAMINATION APPLICATION INSTRUCTIONS (RE-EXAM APPLICANT)

- A. If you previously sat for at least one section of the Uniform CPA Examination (Exam), you must complete this re-Exam application to reapply to sit for the Exam. Reapplying for an Exam section before receiving your score notice for that same Exam section will result in the forfeiture of the administrative fee upon notification of a passing score.
- B. You must answer all questions for the application to be complete. The Board does not process incomplete applications and will return the application to you. **If you do not complete the PDF version of the application, please print all responses in ALL CAPS using blue or black ink.**
- C. For Question 2, your name must **exactly** match the name on the photo id you will use for admittance to the Prometric Testing Center. (Your mother's maiden name is for security purposes only.) If your name has changed (marriage, divorce, etc.) since you completed a previous application for the Exam, you must provide the Board with a copy of the official document authorizing the name change.
- D. The Board contacts applicants by email (Question 5); you must provide at least one valid email address. If your email address changes, notify the Board immediately. The Board's email domain is @nccpaboard.gov; please add this domain to your approved/safe senders list. NASBA sends Exam information to candidates **by email only**. NASBA's email domain is @nasba.org; please add this domain to your approved/safe senders list. Check your spam/junk folder for emails from the Board or NASBA.
- E. You do not need to apply for all unpassed sections on this application. You may sit for one, two, three, or four sections (Question 6). After your application to sit for the Exam is approved, NASBA will send you a Notice to Schedule (NTS). **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 before the NTS expires. **The Board does not extend NTS expiration dates.**
- F. All attachments in the Pertinent Data section (Question 7) must accompany the application when you submit it to the Board. Applications that do not include the necessary attachments are incomplete and will not be processed. Traffic violations—even speeding—are reported as criminal offenses on the Board's background check.
- G. Regardless of the number of Exam sections for which you are applying, you must pay the \$75.00 administrative fee with this application and the per-section fee for each Exam section you select. **All fees paid with an approved Exam application are non-refundable and cannot be applied to a future Exam application.** As of August 6, 2022, the Exam fees are as follows:

Administrative Fee	\$75.00
Auditing & Attestation (AUDIT)	\$238.15
Business Environments & Concepts (BEC)	\$238.15
Financial Accounting & Reporting (FAR)	\$238.15
Regulation (REG)	\$238.15
<b>TOTAL FEES TO SUBMIT WITH APPLICATION</b>	

The Board will not process an application that doesn't include the proper payment. Make checks payable to State Board of CPA Examiners. You may pay the fees by VISA or MasterCard (use the attached authorization slip). If a check, VISA, or MasterCard authorization does not clear the issuing financial institution, the application will be deemed incomplete, returned to the applicant, and the Notice to Schedule (NTS), if issued, will be canceled. The Board assesses a \$36.00 processing fee for any check which does not clear the issuing financial institution. **All fees and costs paid with an approved application for the Exam are non-refundable and cannot be applied to a future Exam application.**

- H. If you require testing accommodations under the [Americans with Disability Act \(ADA\)](#), please complete the appropriate ADA forms ([available from the Forms & Applications page of nccpaboard.gov](#)). Please contact Phyllis Elliott at [phyllise@nccpaboard.gov](mailto:phyllise@nccpaboard.gov) if you have questions about requesting ADA accommodations.
- I. Send all inquiries about your Exam application to Phyllis Elliott at [phyllise@nccpaboard.gov](mailto:phyllise@nccpaboard.gov).
- J. Keep these instructions (**do not return them with your application**) 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

If you are paying by credit card and are not submitting transcripts, etc., you may submit your application and MasterCard or VISA payment by email to [phyllise@nccpaboard.gov](mailto:phyllise@nccpaboard.gov).

#### APPLICATION CHECKLIST

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>○ Did you answer all questions?</li> <li>○ Did you sign and date the application?</li> <li>○ Did you enclose the correct fees?</li> </ul> | <ul style="list-style-type: none"> <li>○ Did you include a check or MasterCard/VISA authorization?</li> <li>○ Did you make a copy of this application and all attachments?</li> </ul> |
|--|---|

Allow at least ten (10) business days for the Board to process your application. You may check the [status of your application on the Board's website](#).

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**RE-EXAM APPLICATION FOR UNIFORM CPA EXAMINATION**

1. **SOCIAL SECURITY NUMBER** |\_\_\_\_\_| - |\_\_\_\_\_| - |\_\_\_\_\_|

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

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
 First Middle Last & Suffix

**MOTHER'S MAIDEN NAME** |\_\_\_\_\_|

3. **HOME ADDRESS AND PHONE NUMBER**

|\_\_\_\_\_| Phone |\_\_\_\_\_| |\_\_\_\_\_|  
 Street Address or PO Box Area Code  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| - |\_\_\_\_\_|  
 City State Zip Code  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
 Email Address Fax Area Code

4. **BUSINESS ADDRESS AND PHONE NUMBER**

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
 Your Employer (Name of Firm/Company/Organization) Phone Area Code  
 |\_\_\_\_\_|  
 Street Address or PO Box  
 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| - |\_\_\_\_\_|  
 City State Zip Code Fax Area Code  
 |\_\_\_\_\_|  
 Your Business Email Address

5. **PREFERRED METHOD OF CONTACT (CHECK ONE):**

Home Email  Business Email

6. **SELECT SECTION(S) TO TAKE:**

Auditing & Attestation (AUD)  Business Environment & Concepts (BEC)  
 Financial Accounting & Reporting (FAR)  Regulation (REG)

7. **PERTINENT DATA**

A. Since your last Exam application, have you been charged, arrested, convicted, found guilty of, received prayer for judgment continued, or pleaded <i>nolo contendere</i> to any offense, <b>including traffic infractions</b> ? If yes, please attach relevant documents. You are not required to disclose any arrest, charge, or conviction the court has expunged.	<input type="checkbox"/> Y	<input type="checkbox"/> 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.	<input type="checkbox"/> Y	<input type="checkbox"/> N

8. **POLICY ON CHEATING**

Any individual found to have engaged in conduct that subverts or attempts to subvert the Uniform CPA Examination process may, at the discretion of the North Carolina State Board of CPA Examiners, have their 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 that subverts or attempts to subvert the Uniform CPA Examination process includes, but is not limited to: (1) conduct that 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 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 the requirements to apply for this Examination. This completed application and all required attachments have been shown to and read by all persons 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 and 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 the 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 if my Examination is lost, any claim I may have against the North Carolina State Board of CPA Examiners will be limited to the Examination fees and costs I paid. I have read this application and understand it and the policies of the North Carolina State Board of CPA Examiners. **All fees and costs paid with an approved application for the Uniform CPA Examination are non-refundable and cannot be used toward a future Uniform CPA Examination application.** I agree to comply with all written rules and instructions on the administration of the Uniform CPA Examination, including the policy on cheating, which is printed above. I release from liability all parties responding to the Board's investigative inquiries. **By signing below, I authorize the Board to verify any of the representations and information set forth in this application by any means, including a criminal records check or another background check.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**North Carolina State Board of Certified Public Accountant Examiners  
MasterCard or VISA Authorization**

**MasterCard or VISA payments cannot be processed unless all fields below are complete.**

\_\_\_\_\_ MasterCard                      \_\_\_\_\_ VISA                      Amount \$ \_\_\_\_\_

MasterCard or VISA Account Number \_\_\_\_\_

Card 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 and City, State, & Zip Code

Signature \_\_\_\_\_                      Date \_\_\_\_\_

**FOR BOARD USE: AUTHORIZATION CODE \_\_\_\_\_**