



North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-1422 • Fax 919-733-4209 • Web nccpaboard.gov

APPLICATION FOR TRANSFER OF CREDIT FOR PASSING PART OR ALL OF THE UNIFORM CPA EXAMINATION IN ANOTHER JURISDICTION

Full Name (First Middle Last Suffix) _____

Mailing Address (Street or PO Box) _____

City, State, & Zip Code _____

Home Telephone Number _____

Business Telephone Number _____

Birthdate (MM/DD/YYYY) _____

Birthplace (City/State/Country) _____

Social Security Number _____

If you have previously used another name, provide that name here: _____

- (1) Prepare the applicant's section of the *Authorization for Interstate Exchange of Examination and Licensure Information* and forward the form and a self-addressed stamped envelope to the appropriate board of accountancy (BOA) for proper completion. **Request that the form be returned directly to you.** Before sending this form for completion by the BOA, contact the BOA to determine if you need to meet additional requirements or pay any fees before such information will be released.
- (2) Have you filed an application for a North Carolina CPA certificate? ___ Y ___ N
- (3) Have you filed an application to take the Uniform CPA Exam as a North Carolina candidate? ___ Y ___ N
- (4) If you have not already done so, request that each college or university where you successfully completed accounting courses submit official transcripts* of courses directly to you to include with your application.
- (5) 21 NCAC 08F .0106 permits the transfer of Uniform CPA Exam grades **only** if they are earned in accordance with 21 NCAC 08F .0105.
- (6) **Application Fee:** If you are applying for a North Carolina CPA certificate, there is no additional application fee. If you are transferring grades only, the fee is \$75.00. Please make your check payable to the NC State Board of CPA Examiners or include a \$75.00 MasterCard, VISA, or American Express credit card authorization.

Affidavit of Applicant

I understand that all the information in this application and other documents to be filed with the Board in connection with this application are a matter of public record and are available for public inspection. I declare under the penalties of perjury that the information and statements made in this application are, to the best of my knowledge and belief, true, correct, and complete.

Signature _____

Date: _____

*E-transcripts, such as those requested through the National Student Clearinghouse, are unofficial if printed and submitted with your application. Please request that transcript is directly to Alice Grigsby (aliceg@nccpaboard.gov) in the Board's Licensing Section.

FOR BOARD USE: Amt. Paid _____ Deposit No. _____ Deposit Date _____



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CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

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

_____ MasterCard _____ VISA _____ American Express Amount \$ _____

Credit Card Number _____

CVV/Card Security Code _____ Expiration Date _____
(3-digit code for MC/VISA) (MM/YYYY)
(4-digit code for AmEx)

Exact Name on Card _____

Billing Address for Card _____
Street or PO Box and City, State, Zip Code

Signature _____ Date _____

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