



North Carolina State Board of Certified Public Accountant Examiners

APPLICATION FOR UNIFORM CPA EXAMINATION (**RE-EXAM APPLICANT**)

- A. If you were previously approved for at least one section of the Uniform CPA Examination (Exam) as a North Carolina candidate, you must complete this re-Exam application to sit for the Exam again.
- B. You must answer all questions for the application to be complete. The Board does not consider incomplete applications and will return the application to you. **If you do not complete the fillable PDF version of this application, please use blue or black ink and write your responses in ALL CAPS.**
- C. For Question 2, your name must **exactly** match the name on the primary 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. Since the Board contacts applicants by email (Question 5), please provide at least one valid email address. If your email address changes, please notify the Board immediately. The Board's email domain is @nccpaboard.gov; please add this domain to your list of approved or safe senders. NASBA sends Exam information to candidates **by email only**. NASBA's email domain is @nasba.org; please add this domain to your list of approved or safe senders. Check your spam/junk folder for emails from the Board and NASBA.
- E. You do not need to apply for all unpassed sections on this application (Question 6). The Board recommends selecting only the section(s) you can sit for in the next six months. After the Board approves your application to sit for the Exam, NASBA will send you a Notice to Schedule (NTS). If you do not receive the NTS notification within ten (10) business days after the Board approves your application, contact Phyllis Elliott at phyllise@nccpaboard.gov.
The NTS is valid for six months from the date of issue. Accordingly, you must schedule and take the Exam section(s) you selected on your application before the NTS expires. **The Board does not extend NTS expiration dates.**
- F. All attachments supporting your responses in the Pertinent Data section (Question 7) must be included with the application when it is submitted to the Board. Applications that do not include the necessary attachments are incomplete and will not be processed. Traffic violations, including speeding tickets, are reported as criminal offenses in North Carolina.
- G. All applications must include the proper payment. Please make checks payable to the **NC State Board of CPA Examiners**. You may also pay the fees by VISA, MasterCard, or American Express by completing the Credit/Debit Card Payment Authorization slip. If a payment does not clear the issuing financial institution, the application will be deemed incomplete and 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 that 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.

Regardless of the number of Exam sections you are sitting for, you must pay the \$75.00 administrative fee with this application and the per-section fee for each section you select. As of August 2, 2025, the Exam fees are as follows:

Administrative Fee	\$75.00
Auditing & Attestation (AUD)	\$265.57
Business Analysis and Reporting (BAR)*	\$265.57
Financial Accounting & Reporting (FAR)	\$265.57
Information Systems and Control (ISC)*	\$265.57
Regulation (REG)	\$265.57
Tax Compliance & Planning (TCP)*	\$265.57
*BAR, ISC, & TCP are Discipline sections; you cannot apply for more than one (1) Discipline section on this application. Exam section changes cannot be made after 30 days of application approval.	

- H. If you require testing accommodations under the [Americans with Disability Act \(ADA\)](#), please complete the five (5) ADA forms (available from the [Forms & Applications page](#) of [nccpaboard.gov](#)) and submit them with your Exam application.
- I. Please send all inquiries regarding your Exam application to Phyllis Elliott at phyllise@nccpaboard.gov.
- J. Keep these instructions and a copy of your completed application for your records.

APPLICATION CHECKLIST

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

- Did you answer all the questions?
- Did you include court documents and/or an explanation for any “yes” answers in Question 7?
- Did you sign and date the application?
- Did you include payment?
- Did you make a copy of this application and all the attachments?

SUBMITTING YOUR APPLICATION

- If you are paying by MasterCard, VISA, or American Express and are not submitting transcripts, please email your application, all supporting documents, and the completed Credit/Debit Card Payment Authorization slip to phyllise@nccpaboard.gov. If you submit your application and payment via email, please do not send an additional copy via the US Postal Service or a delivery service (e.g., FedEx, UPS).
- If you submit your application by mail, please send it to **Exam Application, NC State Board of CPA Examiners, PO Box 12827, Raleigh, NC 27605**.
- If you submit your application through a delivery service (FedEx, UPS, etc.), please send it to **Exam Application, NC State Board of CPA Examiners, 1101 Oberlin Rd., Ste 104, Raleigh, NC 27605**.

Most re-Exam applications are processed within ten (10) business days of receipt; however, delays can occur. You may check the [status of your application on the Board's website](#). It may take up to ten (10) business days for NASBA to notify you by email that your NTS is available. Please check your spam or junk folder for the email.



North Carolina State Board of Certified Public Accountant Examiners

RE-EXAM APPLICATION FOR UNIFORM CPA EXAMINATION

1. SOCIAL SECURITY NUMBER | | - | | - | |

2. NAME (MUST EXACTLY MATCH THE NAME ON THE 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

| | | | | Fax | | | | |
Email Address Area Code

4. BUSINESS ADDRESS AND PHONE NUMBER

| | | | | Phone | | | | |
Your Employer (Name of Firm, Business, Organization, Etc.) Area Code

| | | | |
Street Address or PO Box

| | | | | Fax | | | | |
City State Zip Code Area Code

| | | | |
Email Address

5. PREFERRED METHOD OF CONTACT (CHECK ONE):

☐ Home Email ☐ Business Email

6. SELECT SECTION(S) TO TAKE:

☐ AUD (Auditing & Attestation) ☐ FAR (Financial Accounting & Reporting) ☐ REG (Taxation & Regulation)
☐ BAR (Business Analysis & Reporting) ☐ ISC (Information Systems & Control) ☐ TCP (Tax Compliance & Planning)

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 *nolo contendere* to any offense, including traffic infractions? If yes, please attach relevant documents. You are not required to disclose any arrest, charge, or conviction the court has expunged. ☐ 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 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 that 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 for this Examination. Under the penalties of perjury, I declare 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 hereby agree that I will maintain the confidentiality of the Uniform CPA Examination. In addition, I agree that I will not:

- Divulge the nature or content of any Uniform CPA Examination question or answer under any circumstance;
- Engage in any unauthorized communication during testing;
- Refer to unauthorized materials or use unauthorized equipment during testing; and
- Remove or attempt to remove any Uniform CPA Examination materials, notes, or any other items from the examination room.

I understand that failure to comply may result in the invalidation of my grades, disqualification from future Examinations, expulsion from the testing facility, 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 and understand this application 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

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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