

**ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY**

101 East Capitol, Suite 450

Little Rock, Arkansas 72201

501.682.1520

**INTERSTATE EXCHANGE OF  
EXAMINATION AND LICENSURE INFORMATION**

Candidate or Licensee should fill out the top section of this form and have it mailed directly by the reporting board to the Arkansas Board of Public Accountancy.

*Please type or print legibly.*

\_\_\_\_\_

(Last name)                      (First name)                      (Middle name)                      (Maiden name)

\_\_\_\_\_

(Day-time Phone Number)                      (Certificate Number)                      (Date of Birth)                      (Social Security Number)

I hereby authorize the \_\_\_\_\_ Board of Accountancy to furnish to the Arkansas Board of Accountancy the information requested below.

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

**SECTION A – VERIFICATION OF EXAMINATION GRADES**

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service (if applicable) 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 Exam was used, or if there is any reason why the grades should not be accepted.) If a separate sheet of explanation is attached, please affix an official signature and board seal to it.

Exam Date (Mo./Yr.)	AICPA ID #	Auditing	Law	Theory FARE	Practice ARE

1. Was the applicant ever denied admission to the examination? \_\_\_\_\_ If yes, please explain in Section D.
2. If the applicant has not completed the CPA examination, are there any restrictions preventing him/her from sitting in your state? \_\_\_\_\_ If yes, please explain in Section D.
3. Number of subjects with which the candidate is credited, if any. \_\_\_\_\_
4. Date credit(s) or grades expire, if applicable. \_\_\_\_\_
5. Date candidate initially sat for the exam in your state. \_\_\_\_\_

**SECTION B – CERTIFICATE LICENSURE STATUS**

Certificate as a Certified Public Accountant:

1. The applicant holds an original/ reciprocal (mark one) CPA certificate which is in good standing unless otherwise noted in Section D of this form. Certificate number \_\_\_\_\_ Date issued \_\_\_\_\_
2. The individual has completed an ethics examination \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a

Exam prepared and graded by AICPA \_\_\_\_\_ Board \_\_\_\_\_ Other \_\_\_\_\_ Grade \_\_\_\_\_

*License/Permit to Practice as certified public accountant:* (If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

3. Has the applicant ever been licensed in your state? \_\_\_\_\_ Yes \_\_\_\_\_ No (If the answer is yes, please complete Sections 4 and 5)

4. The applicant holds a license/permit (mark one) from your board to practice as a certified public accountant for the period ending \_\_\_\_\_ and is currently in good standing in your state. Please note any exceptions to the above statements in Section D of this form.

5. If the applicant does not hold a license/permit from your board, please indicate the requirements to be met for issuance or reinstatement:

License/Permit 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**

**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.

Official Board Seal Board: \_\_\_\_\_

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

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