

**IDAHO STATE BOARD OF ACCOUNTANCY**  
**Idaho Division of Occupational and Professional Licenses**  
 11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or  
 PO Box 83720, Boise Idaho 83720-0063  
 Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>  
 E-mail: [isba@dopl.idaho.gov](mailto:isba@dopl.idaho.gov)

**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION**

Certain information must be verified by the State Board of Accountancy where you have applied for the CPA examination and/or are certified or licensed. Please complete the first portion of this form. Mail the form to the other State Board. That Board will complete the form and return it to us. If the other State Board charges a fee for this service, the applicant must pay the fee.

**TO BE COMPLETED BY THE APPLICANT:**

\_\_\_\_\_  
 Last Name                      First Name                      Middle                      Other last names used                      Certificate #

Address: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby request and authorize the \_\_\_\_\_ State Board of Accountancy to provide any and all information requested in this form to the Idaho Board of Accountancy. Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY STATE BOARD:**

Verification of Exam Credits: The following grades were awarded on the Uniform CPA Examination/s, as reported by the AICPA Advisory Grading Service and approved by this Board. Please explain if any of the grades were changed; examination other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted in #8 below. If a separate sheet is attached, please affix official signature and board seal. PLEASE LIST ALL GRADES

| Exam Date | AUD | BEC | FAR | REG |
|-----------|-----|-----|-----|-----|
|           |     |     |     |     |
|           |     |     |     |     |
|           |     |     |     |     |
|           |     |     |     |     |

- 1) Was the applicant ever denied admission, or are there any restrictions preventing sitting in your state? \_\_\_\_Yes \_\_\_\_No
- 2) Ethics exam passed: \_\_\_\_Yes \_\_\_\_No Date qualifying Professional Ethics Comprehensive course passed: \_\_\_\_\_
- 3) The applicant holds an original/reciprocal (circle one) CPA certificate?
- 4) License number \_\_\_\_\_ Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_.
- 5) The applicant holds a certificate which \_\_\_\_\_ is in good standing with no disciplinary action OR \_\_\_\_\_ is not in good standing.
- 6) Investigation is pending: \_\_\_\_Yes \_\_\_\_No
- 7) Please list any/all qualifying experience completed to obtain a license to practice public accounting.
- 8) 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                      \_\_\_\_\_ Complete acceptable accounting/auditing experience  
 \_\_\_\_\_ Pay appropriate fees and/or post bond                      \_\_\_\_\_ Complete CPE educational requirements  
 \_\_\_\_\_ Other: (please specify)
- 9) Any exceptions or explanations of the information provided: If additional sheets are needed to respond to this inquiry, please affix official seal and signature to the sheets.

**The information provided herein is correct to the best of our knowledge.**

Board

\_\_\_\_\_  
 Board/Agency

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

Seal

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date