



**Division of Occupational
and Professional Licenses**
11351 W Chinden Bldg #6
Boise, ID 83714
208-334-3233
Website: dopl.idaho.gov

Board of Accountancy
PO Box 83720
Boise ID 83720-0002
(208) 334-2490
E-Mail: isba@isba.idaho.gov
Website: isba.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 #
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Address:	Email address:	Phone #
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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
____ Pay appropriate fees and/or post bond
____ Other: (please specify)
____ Complete acceptable accounting/auditing experience
____ Complete CPE educational requirements
- 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

Seal

Board/Agency

Official Signature

Title

Date