



(065) Licensed Certified Public Accountant Application Checklist

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General Information

Instructions:

1. Before completing the application package, read each step. This will aid you in accurately completing your application and eliminate any delay in processing.
2. Applicants may apply to become a Certified Public Accountant via the Acceptance of Examination method or the Endorsement Method of Licensure.
 - *Acceptance of Examination:* Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant is generally not licensed in another state.
 - *Endorsement:* Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
3. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any Tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.
4. Applicants have three (3) years from the date of application to complete application process. If the process has not been completed in three (3) years, the applicant is denied, the fee is forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.
5. The Licensed Certified Public Accountant application fee is \$120.00 and is non-refundable.

Qualifications/Exemptions:

Certified Public Accountant

- If your CPA certificate was issued more than 4 years prior to applying for licensure, you must complete the Public Accounting CPE reporting form (PA-RF) listing a minimum of 90 hours of the verifiable category of CPE obtained within 3 years immediately preceding the application for licensure.
- Applicants will have to provide any records of previous licensure, both in related and non-related fields, and a Record of Examination.

- A CPA license is not required for the following activities:
 - Keeping books
 - Making trial balance or statements
 - Making audits, preparing reports, provided that the person does not indicate or in any manner imply that the trial balances, statements, or reports have been prepared or examined by a certified public accountant or a licensed certified public accountant or that they represent the independent opinion of a certified public accountant or a licensed certified public accountant
 - Preparing tax and information returns
 - Acting as representative or agent at tax inquiries, examinations, or proceedings
 - Preparing and installing accounting systems
 - Reviewing accounts and accounting methods for the purpose of determining the efficiency of accounting methods or appliances; and/or studying matters or organization, provided that the person does not indicate or in any manner imply that the reports have been prepared by, or that the representation or accounting work has been performed by a certified public accountant or a licensed certified public accountant.
- A CPA certificate from the Illinois Board of Examiners shall not authorize the holder to practice public accounting as defined in Section 8 of the Illinois Public Accounting Act.
- A CPA certificate from the Illinois Board of Examiners shall not authorize the holder to hold themselves out to the public as a certified public accountant in Illinois by using the title “certified public accountant” or the abbreviation “CPA” or any words or letters to indicate that the person using the same is a certified public accountant.

Application Requirements

Application Method	Requirements
<p>Licensed Certified Public Accountant Acceptance of Examination</p>	<ol style="list-style-type: none"> 1. Completed online application including all required information <ul style="list-style-type: none"> • Date and Place of Birth • Name Change Information • Temporary Military Permit • Education Information • Social Security Number or an SSN Affidavit 2. Applicant must have received a certificate as a Certified Public Accountant from the Illinois Board of Examiners; a similar certificate from another jurisdiction with equivalent requirements, or registration as a certified public accountant with the Division of Professional Regulation. 3. Record of Licensure: list all other related or non-related professional licenses held in Illinois or another state(s). 4. Applicants must have completed at least one (1) year of full-time experience, or its equivalent, providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills, which may be gained through employment in government, industry, academia, or public practice. 5. If your CPA certificate was issued more than 4 years prior to applying for licensure, you must submit proof listing a minimum of 90 hours of the verifiable category of CPE, including 4 hours covering the subject of professional ethics within 3 years immediately preceding the application for licensure. 6. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes. 7. Personal History Information (if applicable) including: <ul style="list-style-type: none"> • Criminal History • Felony Convictions • Dishonorable discharge from military service or public service • Disease or conditions that may interfere with professional work • Denial of a prior professional license

**Licensed Certified
Public Accountant
Endorsement**

1. Completed online application including all required information
 - Date and Place of Birth
 - Name Change Information
 - Temporary Military Permit
 - Education Information
 - Social Security Number or an SSN Affidavit
2. Applicants must have a current license in another state/country/province at the time of application and provide any non-related professional licenses held in Illinois or another state(s).
3. Applicants must have been originally licensed in another state with requirements that are substantially equivalent to Illinois licensing requirements OR applicant must have at least 4 years of experience in the practice of public accounting after passing the Uniform CPA exam and within the 10 years immediately preceding submission of the application.
4. Applicants must have completed at least one (1) year of full-time experience, or its equivalent, providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills, which may be gained through employment in government, industry, academia, or public practice.
5. Applicants must submit certification of licensure status from the jurisdiction in which they were originally licensed and jurisdiction of current or most recent practice.
6. Personal History Information (if applicable) including:
 - Criminal History
 - Felony Convictions
 - Dishonorable discharge from military service or public service
 - Disease or conditions that may interfere with professional work
 - Denial of a prior professional license
7. Failure to comply with a child support order, defaulting on a student loan, or defaulting on taxes.

Application Fees

<i>Fees collected through the licensing process are NOT REFUNDABLE OR TRANSFERABLE.</i>		
Complete	License Type	Submitted:
ALL METHODS	(129) Certified Public Accountant \$120.00	ONLINE PORTAL
<i>NOTES: All major credit and debit cards as well as ACH and eCheck are accepted.</i>		

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE-PAE

APPLICANT: Complete the applicant section of this form and forward it to your employer for completion of the verification. You may be requested to further document such experience. This form is to be used for verification of experience during which you provided any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills which were gained through employment in government, industry, academia, or public practice.

1. NAME LAST FIRST MIDDLE 2. DATE OF BIRTH 3. SOCIAL SECURITY NUMBER

4. ADDRESS STREET, CITY, STATE, ZIP CODE 5. PROFESSION NAME AND THREE DIGIT PROFESSION CODE 6. MAIDEN OR GIVEN SURNAME

7. Have you been granted a Certified Public Accountant Certificate by the University of Illinois or the Board of Examiners? Yes No If "Yes," record certificate number Date of issuance

EMPLOYER: Complete the remainder of this form. Form must be completed by employer where work experience was obtained.

PART I - EMPLOYER INFORMATION A. NAME AND ADDRESS OF EMPLOYER B. NAME OF SUPERVISOR C. SUPERVISOR'S POSITION OR TITLE HELD

PART II - APPLICANT EMPLOYMENT INFORMATION A. NUMBER OF HOURS WORKED PER WEEK B. TYPE OF EMPLOYMENT C. DATES OF EMPLOYMENT D. CATEGORY TYPE (SELECT ONE) E. APPLICANT'S POSITION OR TITLE HELD

F. GIVE A GENERAL DESCRIPTION OF WORK PERFORMED BY THE APPLICANT RELATIVE TO THE DEFINITION OF "EXPERIENCE" REFERENCED IN SECTION 1420.10 OF THE RULES FOR THE ADMINISTRATION OF THE ILLINOIS PUBLIC ACCOUNTING ACT.

I do hereby declare that the information recorded hereon is true and correct and, that I am authorized to verify and release the above recorded employee information.

Signature and Title Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

<p>1. NAME LAST FIRST MIDDLE</p>	<p>2. DATE OF BIRTH</p> <p>____ / ____ / ____</p> <p>Month Day Year</p>	<p>3. SOCIAL SECURITY NUMBER</p> <p>____ - ____ - ____</p>
<p>4. ADDRESS STREET, CITY, STATE, ZIP CODE</p>	<p>5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</p> <p align="center">____ Profession Name ____ Profession Code</p>	
<p>6. MAIDEN OR GIVEN SURNAME</p>	<p>7. APPLICANT TELEPHONE NUMBER (Daytime)</p> <p>Area Code (____) ____ - ____</p>	
<p>8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)</p>	<p>8b. LICENSE NUMBER (If applicable)</p>	<p>8c. ISSUANCE DATE OF LICENSE (If applicable)</p>

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

____ Name of Examination ____ Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

<p>A. NAME OF PROFESSION AS IT APPEARS ON LICENSE</p>	<p>B. LICENSE NUMBER</p>
<p>C. ISSUANCE DATE OF LICENSE</p>	<p>D. EXPIRATION DATE OF LICENSE</p>

E. LICENSURE METHOD

<input type="checkbox"/> Examination (Administered in Your State) <ul style="list-style-type: none"> <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____
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<p>F. CURRENT LICENSURE STATUS</p> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	<p>G. IF LICENSED BY EXAMINATION, RECORD SCORES</p> <table style="width:100%;"> <tr> <td>Type of Examination</td> <td align="right">Score</td> </tr> <tr> <td>Written</td> <td align="right">_____</td> </tr> <tr> <td>Practical</td> <td align="right">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td align="right">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td align="right">_____</td> </tr> <tr> <td>Examination Period ____ days ____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below	_____	Examination Period ____ days ____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____	_____												
Received no Grade Below	_____												
Examination Period ____ days ____ hours													

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL		Print Name		Signature
		Title		Date
		Agency/Board Street Address		Area Code ()
		City, State, ZIP Code		Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**PUBLIC ACCOUNTING
CONTINUING PROFESSIONAL EDUCATION
REPORTING FORM**

PA-RF

NAME	LICENSE NUMBER
	065 - _____
ADDRESS STREET, CITY, STATE, ZIP CODE	

See Reverse side of form for INSTRUCTIONS. You are authorized to photocopy this form if additional space is needed. EACH form must bear an original signature and date.

Date(s)	Name of Sponsor	Title of Program	Qualifying Hours Claimed	
1. IN-FIRM COURSES				
2. OTHER PROGRAMS ATTENDED (WITH REGISTERED SPONSORS ONLY - See Item 2 on Reverse Side)				
3. CORRESPONDENCE OR INDIVIDUAL STUDY PROGRAMS OR INTERACTIVE SELF-STUDY				
4. PUBLISHED ARTICLES, BOOKS, ETC.				
	Title of Publication	Subjects Covered		
5. TEACHER, INSTRUCTOR, LECTURER, OR DISCUSSION LEADER				
	Name of Sponsor or College/University	Course Title/Subject		
6. UNIVERSITY OR COLLEGE COURSE				
	University/College	Course	Semester Hours Awarded	Quarter Hours Awarded

TOTAL CPE HOURS

Under penalties of perjury, I declare I have examined this form and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

 Signature _____ Date