



1) Complete all sections of the application.

- Application Form
- Certificate of Experience
- Authorization for Interstate Exchange Form (Online license verifications are acceptable.)
- Transcript Request Form

2) Send application form and payment to CredentialNet at the address listed below.

3) Send each request form to the appropriate entity for verification.

4) Each entity is to send the form directly to CredentialNet for evaluation.

Once all documentation is received, CredentialNet will perform the Substantial Equivalency Evaluation against your credentials. If approved, notification of SE status will be sent to the board of accountancy, including a CPA portfolio and a copy of all your application documents. Please allow 4-6 weeks processing time.

You may contact CredentialNet by calling 866.350.0017 or emailing us at credentialnet@nasba.org.
CredentialNet staff are available from 8:00 a.m. to 4:30 p.m. CST.

CredentialNet
PO Box 198589
Nashville, TN 37219



P.O. Box 198589
Nashville, TN 37219

Individual Substantial Equivalency Evaluation

*For which state are you applying? _____

_____	_____	_____	_____
First Name	Middle Name	Last Name	Maiden/Other
_____	_____	_____	_____
Date of Birth	U.S. Social Security Number	_____	Email Address

Residence Address:

Street

City State Zip Code Telephone

Business Address:

Employer

Street

City State Zip Code Telephone

For which State did you pass the exam? _____

Which state granted your original license? _____

Please list all the jurisdictions from which you hold or have held a CPA license:

State/Jurisdiction	License/Permit Type	Number	Date First Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

College/University	Major	Degree	Degree Conferral Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employer #1 _____

Address City State Zip Code

Position Held Dates of Employment

Employer #2 _____

Address City State Zip Code

Position Held Dates of Employment

Employer #3 _____

Address City State Zip Code

Position Held Dates of Employment

- 1. Have you ever been convicted of a felony under the laws of any state or of the United States? YES NO
- 2. Have you ever entered a plea of guilty or a plea of nolo contendere accepted by the court? YES NO
- 3. Have you ever had a professional or vocational license suspended or revoked by this or any state or foreign country? YES NO
- 4. Have you ever had the right to practice before any state or federal agency suspended or revoked for improper conduct or willful violation of the rules or regulations of such state or federal agency? YES NO

I state under penalty or perjury in the second degree that the information contained in this application, to the best of my knowledge, is true and correct.

Signature of Applicant

Date



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Nashville, TN 37219

Certificate of Experience

Applicants: Complete sections A and B and forward to verifying CPA. If experience was obtained from more than one entity, make a copy of this form and complete a Certificate of Experience for each entity.

Supervisors/Verifiers: Please verify the information presented in section C. Send this form back to CredentialNet at the address above. By signing this form, you are authorizing CredentialNet to verify your license/certificate with the appropriate Board of Accountancy.

A. Applicant Information

_____	_____	_____	_____
First	Middle	Last	
_____	_____	_____	_____
Address	City	State	Zip Code

B. Employer Information

Employer _____			
Address _____			
_____	_____	_____	_____
City	State	Zip	
Position of Applicant _____			
Period of Experience			
Full Time:	From: _____	To: _____	
Part Time:	From: _____	To: _____	
Name of Supervisor: _____			
Address _____			
_____	_____	_____	_____
City	State	Zip	Telephone
Email _____			

I state, under penalty of perjury, that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

SUPERVISOR VERIFICATION

C. Direct Supervisor Verification

Verifier must have a current CPA license or a license that was current during the stated time period.

I certify under penalty of perjury to the truth and accuracy of the information provided herein and that during the period from _____ to _____, the applicant worked for me, my firm, or the firm which is or was my employer. By signing this form, I authorize CredentialNet, a service of the National Qualification Appraisal Service, to verify my certificate/license with the appropriate board(s) of accountancy.

Name _____ Position or Title _____

Current Firm Name _____

Address _____

City _____ State _____ Zip _____

Supervisor Signature: _____

CPA Certificate/License Number _____ Issuing Jurisdiction _____

Expires on _____

State of _____ County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual by comparing his/her signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by this individual on this _____ day of _____, 20____.

Notary Public Signature _____

Notary ID: _____ Expires on _____ / _____ / _____
month / day / year



P.O. Box 198589
Nashville, TN 37219

Authorization for Interstate Exchange of Examination and Licensure Information

State Boards: The applicant in section A of this form has authorized you to provide any and all pertinent information listed in this form to CredentialNet, a service of the National Qualification Appraisal Service. Please return the form to CredentialNet at the address listed above.

A. All Applicants must complete this section.
Complete in its entirety.

First Name	Middle Name	Last Name	Maiden/Other Name
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Street or P.O. Box

City	State	Zip Code	Daytime Telephone
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Date of Birth	Social Security Number
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Certificate Number (if applicable) _____

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to CPA Examination Services, as an agent for CredentialNet. I agree that CPA Examination Services may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Signature	Date
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B. Verification of Examination Credits.
State Board: Please Provide Uniform CPA Examination grade information for the candidate listed above, as reported by the AICPA. List all grades, including failing grades, for the applicant.

Date of Examination	Candidate ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

1. Was the applicant ever denied admission to the Exam? Yes No (If yes, please describe in Section D.)

2. If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state? Yes No (If yes, please describe in Section D.)

3. If the applicant has not passed all parts of the CPA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given. _____

Certificate as a Certified Public Accountant

C. Certificate/Licensure Status.

State Boards complete this section.

1. The applicant was granted an original/reciprocal (circle one) CPA Certificate, number issued _____ which is good standing unless noted in section E of this form.

2. The applicant has completed an Ethics Examination Yes No
The exam was prepared and graded by Board AICPA

License/Permit to Practice Public Accounting

- 3. Yes No This state is a two-tier state.
- 4. Yes No The license/permit from this board is in good standing and expires
- 5. Yes No The applicant is currently licensed to engage in the practice of public accounting.
- 6. Yes No Has there ever been any disciplinary action instituted against the applicant?
(If yes, explain in Section E.)

7. 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/or post bond: _____
 Complete acceptable accounting/auditing experience: _____
 Complete continuing professional education requirements: _____
 Other: _____

D. Additional Information Requested..

E. Exceptions noted or explanations of information provided.

Official seal and signature must be affixed to attached sheets if needed to respond to this inquiry.

F. Signature and Seal

Board/Agency

Official Signature

Title

Date



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Transcript Request Form

Registrars: The applicant whose name appears below has authorized CredentialNet, a service of the National Qualification Appraisal Service, to obtain a copy of his/her transcript for accounting licensure purposes. Please send an official transcript directly to CredentialNet at the address listed above. Do not send to the applicant.

A. Applicant Information

All Applicants must complete this section

First Name	Middle Name	Last Name	Other
Street			
City	State	Zip Code	Telephone
Date of Birth	Student ID #	Social Security Number	

A. University/College Information.

College/University:

Street			
City	State	Zip Code	
Degree	Dates of Attendance	Dates of Graduation	
Fee Enclosed _____			
Signature		Date	

Credit Card Payment Form

Applicant Name: _____

Fees are non-refundable and non-transferable

Authorized Payment Amount: Substantial Equivalency Evaluation (\$250)

Please Check One: Visa MasterCard

Card Number: _____

Expiration Date: _____

Print Name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application Package.

Note: This document will be shredded after it has been processed