



**Application Packet for a Georgia CPA Certificate**

# APPLICATION CHECKLIST

**NOTE: ONLY COMPLETE PACKAGES WILL BE ACCEPTED BY NASBA LICENSING SERVICES. FAILURE TO INCLUDE ALL NECESSARY DOCUMENTATION WILL RESULT IN THE RETURN OF YOUR APPLICATION. PLEASE INCLUDE THIS CHECKLIST WITH YOUR COMPLETE APPLICATION PACKET.**

- ☐ Application Form
- ☐ Certificate of Experience Form
- ☐ Employers Licensure Verification Form (Only if supervisor is licensed outside of Georgia)
- ☐ FORM E - Consent Form
- ☐ EDUCATION - Transcript(s) and/or Foreign Evaluation(s)
- ☐ FEE - \$170 certified check, money order or credit card made payable to NASBA Licensing Services.

Mail application to:



P.O. Box 198589  
Nashville, TN 37219  
Toll Free : 866.350.0017  
615.880.4200  
[www.nasbatools.com](http://www.nasbatools.com)

## Instruction Sheet for Application Form

- ☐ Complete the form in its entirety.
- ☐ Type or print in blue or black ink.
- ☐ Any dates given within this application should be in the format of mm/dd/yyyy.
- ☐ Make sure to provide an e-mail address, for e-mail is the main source of correspondence. Your OASIS ID and password will be forwarded to you through e-mail.
- ☐ If you answer "yes" to any of the questions 1-3 on page 2, provide an explanation on a separate sheet of paper and include any supporting documentation.
- ☐ Applicants that are not U.S. Citizens must supply documentation that will determine if they have qualified Alien status. Please provide one of the following documents:

Valid (not expired) foreign passport with I-94 or I-551  
Temporary resident alien card (I-688)  
Permanent resident alien card (I-551)  
Employment Authorization Card (I-766) or (I-688A)  
Employment Authorization Document (I-688B)  
Refugee Travel Document (I-571)  
Reentry Permit (I-327)  
Certificate of Citizenship  
Naturalization Certificate  
Machine Readable Immigrant Visa (with Temporary I-551 Language)  
Temporary I-551 Stamp (on passport of I-94)  
I-94 (Arrival/Departure Record)  
I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)  
DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

- ☐ Sign and Date.



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# GEORGIA

## Application for CPA Certificate Georgia Initial Applicant

First Name	Middle Name	Last Name	Maiden/Other
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	
E-Mail		U.S. Citizen	Yes <input type="checkbox"/> No* <input type="checkbox"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	(*submit most recent supporting documentation)	

Both addresses are required to be listed. Please check preferred mailing address.

Residence Address:

☐

Street

City

State

Zip Code

Telephone

Business Address:

☐

Employer

Street

City

State

Zip Code

Telephone

Fax Number

College/University	Major	Degree	Degree Conferral Date

1. From which state did you pass the CPA Exam? \_\_\_\_\_

Date initially sat \_\_\_\_\_ Date passed \_\_\_\_\_

2. List the states from which you hold or have held a license. \_\_\_\_\_

\_\_\_\_\_

Employer #1 \_\_\_\_\_

Address

City

State

Zip Code

Position Held

Dates of Employment (mm/dd/yyyy)

Employer #2 \_\_\_\_\_

Address

City

State

Zip Code

Position Held

Dates of Employment (mm/dd/yyyy)

1. Have you ever had a license or certificate revoked or suspended or otherwise sanctioned by any Board or agency in Georgia or any other state? If yes, attach copy of order. ☐ YES ☐ NO
2. Were you ever denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license or certificate by any board or agency in Georgia or any other state? If yes, attach copy of order. ☐ YES ☐ NO
3. Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act"? DUI and DWI are not minor traffic offenses. If yes, attach a certified copy of conviction, plea, sanction. ☐ YES ☐ NO

I hereby solemnly swear under penalties of perjury that all statements made by me in this application and the papers(s) attached hereto and made a part hereof are true and correct. I further state that I have read and understand the law, rules and regulations of the Georgia State Board of Accountancy. Complete law and rules are available at the board's website <http://sos.georgia.gov/plb/accountancy/>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I certify that the foregoing application to the State Board of Accountancy of Georgia was this day produced to me and subscribed and sworn to before me by the above applicant. The Notary Date cannot be more than 120 days old when the application is received by the Board.

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

## Instruction Sheet for Certificate of Experience

- ☐ Complete the first page in its entirety.
- ☐ Include a job description for each position held during the period of employment, with dates and duties for each position.
- ☐ Only submit the work experience which qualifies you for licensure: One year, minimum of 2,000 hours completed not more than one year preceding the date of application.
- ☐ Forward the form to your employer for verification.
- ☐ Supervisor is to sign each additional job description.
- ☐ Upon receipt of form, **DO NOT OPEN**. Forward the sealed envelope with the application packet. If form is being hand-delivered, have supervisor place the completed form in an envelope and sign the envelope before returning.

*\*\* We advise that you thoroughly read the experience requirements in Rule 20-3-.08 on the Georgia Board of Accountancy's website: <http://rules.sos.state.ga.us/docs/20/3/08.pdf>.*



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## Certificate of Experience

First	Middle	Last	
Address	City	State	Zip Code

Employer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Firm Registration Number: \_\_\_\_\_ (Required for PUBLIC accounting experience gained in Georgia)

Position of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Exact Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ (Cannot use "Present")

Total Hours Worked for the period stated above: \_\_\_\_\_ Total Number of Months Worked \_\_\_\_\_

Full, detailed job description of the kind of work performed for each position, along with the dates and duties for each position. If more space is needed, supervisor must sign EACH additional page.

\_\_\_\_\_

\_\_\_\_\_

Absences from work (other than routine illness and annual leave). For any breaks in employment for more than one year, documentation must be provided to support that it is an acceptable break.

From \_\_\_\_\_ To \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby solemnly swear, under penalties of perjury, that all statements made by me are true and correct.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Applicant

### Public Accounting Experience

In your opinion, did the applicant obtain sufficient experience to demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession for each of the following elements of experience?

A. Effective for applications received after June 30, 2009. One year of continuous experience immediately preceding the date of application for the certificate or within a reasonable time prior to the date of such application as provided herein by rule.

☐ YES ☐ NO

B. Qualifying experience of a candidate for certification must be meaningful with respect to qualifying the candidate for the practice of public accounting. The experience may consist of any type of services or advice using accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills.

☐ YES ☐ NO

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Supervisor Certificate/License Number

### Industry/Business Experience

In your opinion, did the applicant obtain sufficient experience to demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession for each of the following elements of experience?

A. Effective for applications received after June 30, 2009. One year of continuous experience immediately preceding the date of application for the certificate or within a reasonable time prior to the date of such application as provided herein by rule.

☐ YES ☐ NO

B. Qualifying experience of a candidate for certification must be meaningful with respect to qualifying the candidate for the practice of accountancy in industry or business the candidate must (a) have been employed by a person or entity in the performance of duties primarily involving the use of financial accounting and auditing skills, which follow GAAP. The candidate may have performed duties involving 1) the installation of internal control systems, or 2) the use of management advisory, financial advisory, or consulting skills; or compliance with accounting aspects of tax or regulatory laws.

☐ YES ☐ NO

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Supervisor Certificate/License Number

### Government Experience

In your opinion, did the applicant obtain sufficient experience to demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession for each of the following elements of experience?

A. Effective for applications received after June 30, 2009. One year of continuous experience immediately preceding the date of application for the certificate or within a reasonable time prior to the date of such application as provided herein by rule.

☐ YES ☐ NO

B. Candidate must have been employed by a federal, state or local government agency which is appropriated public funds and whose employees are considered public employees and which is recognized by the Board as having the responsibility and organizational structure for performing auditing and accounting functions.

☐ YES ☐ NO

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Supervisor Certificate/License Number

### Teaching Experience

In your opinion, did the applicant obtain sufficient experience to demonstrate satisfactory knowledge of current practice standards and pronouncements of the profession for each of the following elements of experience?

A. Effective for applications received after June 30, 2009. One year of continuous experience immediately preceding the date of application for the certificate or within a reasonable time prior to the date of such application as provided herein by rule.

☐ YES ☐ NO

B. Qualifying teaching experience for a candidate shall consist of teaching in the accounting discipline for academic credit at an accredited four year college/university. The teaching must include at least two different courses of accounting above the introductory or elementary level. One year of experience shall consist of no less than 24 semester hours, or the equivalent in quarter hours, taught in a period consisting of not less than 12 months and not more than 36 months.

☐ YES ☐ NO

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Supervisor Certificate/License Number



## Instruction Sheet for Employer Verification

- ☐ If your supervisor is/was licensed in any state other than Georgia, you must obtain an official verification of the license from that state and submit it with your application, **UNLESS** the required information (licensee's name, license number, issue date, expiration date) is available on that State Board's website. If all information is available, a print out of this information will be sufficient verification of licensure and you **DO NOT** have to submit this form to the Board. A copy of the I.D. card or wall certificate is **NOT** acceptable.
- ☐ Complete the first two boxes in their entirety.
- ☐ Forward the form to the verifying supervisor's licensing board.
- ☐ Upon receipt, **DO NOT OPEN**. Forward the sealed envelope with application packet.
- ☐ There may be a fee associated with obtaining this information. You will need to ask the verifying state board.



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## Employer's Licensure Verification

**State Boards:** NASBA Licensing Services, a division of the National Association of State Boards of Accountancy, and the certificate processing agent for the Georgia State Board of Accountancy, requests that you verify the information presented below by answering all questions. This form serves the purpose of verifying that the person and firm noted was certified/licensed by your jurisdiction during the dates of employment listed. Upon completion of this form, return it to the applicant in a sealed envelope. **Please do not send directly to NASBA Licensing Services.**

First Name	Middle Name	Last Name	Other
Street			
City	State	Zip Code	Telephone
Dates of Employment with Firm Named Below: _____ to _____ (mm/dd/yyyy) (mm/dd/yyyy)			

Supervising CPA's Name			
Firm Name			
Street			
City	State	Zip Code	Telephone

For Board Use

Did the supervising CPA named above hold an active certificate/license to practice public accounting during the period of employment stated above?

☐ YES ☐ NO Certificate/License Number \_\_\_\_\_

Did the firm named above hold an active certificate/license registration to practice as a certified public accounting firm during the period of employment stated above?

☐ YES ☐ NO ☐ N/A

Please provide any further information you may have regarding the CPA/licensee/firm, including whether the CPA/licensee/firm has been subject to discipline.

I solemnly affirm, to the best of my knowledge, that the above information is true and correct.

(Board Seal)

Official Signature /Board Representative

Title

Date

## Instruction Sheet for Consent Form

- ☐ Complete the form in its entirety.
- ☐ Include form in application packet.



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## Consent Form

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I authorize the Georgia State Board of Accountancy to conduct a background investigation of me to determine my suitability for licensure and/or registration. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

---

Applicant's Full Name

---

Physical Address (PO box not accepted)

---

Mailing Address

---

Sex

---

Race

---

Date of Birth

---

Social Security Number

Place of Birth (City/State) \_\_\_\_\_

Aliases or Maiden Name \_\_\_\_\_

---

Signature of Applicant

---

Date

## Instruction Sheet for Transcript Request

*NASBA CPA Examination Services will no longer retain or furnish copies of transcripts for Georgia applicants. All applicants are responsible for submitting this form and original transcripts in sealed envelopes for licensing. You are not required to use this transcript request form. If the school provides their own transcript request forms, you may use those.*

- ☐ Complete the form in its entirety.
- ☐ Send the transcript form to the university(s)/college(s) attended.
- ☐ Upon receipt of transcript, **DO NOT OPEN**. Forward the sealed envelope with application packet.



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## Transcript Request Form

**Registrars:** Please send a transcript in a sealed school envelope directly to the person at the address listed below.

### Personal Information:

\_\_\_\_\_  
First Name Middle Name Last Name Other/Maiden

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code Telephone

\_\_\_\_\_  
Date of Birth Student ID # U.S. Social Security Number

### College/University:

\_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Degree Dates of Attendance Date of Graduation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Credit Card Payment Form

Applicant Name: \_\_\_\_\_

**Fees are non-refundable and non-transferable**

Authorized Payment Amount:

- ☐ Initial (\$170)
- ☐ Transfer/Reciprocity (\$320)
- ☐ Firm (\$240)
- ☐ Pre-Evaluation (\$50)

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*