

New York State

Registered Program Form

This form should be used to certify a candidate's completion of a licensure qualifying accounting program registered by the New York State Education Department or accredited by the AACSB. Please do not submit this form until all grade information has been posted to the student's record.*

Part 1 - To be completed by the candidate:

(After completing Part 1, submit this form to the academic institution with any required fee.):

1. Applicant's Name: _____
First Name Middle Name Last Name
2. Previous/Maiden Name (if applicable): _____
3. Date of Birth: _____
mm/dd/yyyy
4. National Candidate ID: _____
On your CPA Portal Homepage, click your name, select My Info, it is listed under the CPA Portal Information.
5. Institution Attended: _____
6. Dates of Attendance From: _____ To: _____

Part 2- To be completed by the registrar of the college where the candidate completed the qualified program:

I certify that the candidate identified above has completed the registered licensure qualifying program in accounting and completed his/her degree requirements and was awarded the degree of

_____ on _____
Name of Degree Date Concentration

If NYSED registered program also complete...

_____ and _____ Check one 120 Hour Program
Program Title Program Number 150 Hour Program

I certify that the information provided is true and correct according to our records.

Date

Signature of Registrar

Print Name

Title or Position

Institution

Address

Telephone Number

School Seal

This form must be uploaded as part of your Education Evaluation Application through your CPA Portal.
(If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

If you are submitting this form AFTER you have already submitted your online application, you can email the form to:
etranscript@nasba.org