

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. Social Security Number: _____ - _____ - _____
4. Date of Birth: _____
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 attached with an official transcript and forwarded from the academic institution DIRECTLY to:

CPAExam@nasba.org

(If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

OR

CPA Examination Services – NY

P.O. Box 198469

Nashville, TN 37219-8469