

**Exam Application Instructions**

Please print neatly when completing this form.

**In one envelope** send: application, transcripts, any additional explanations, **\$120 fee**. Make check or money order payable to NDSBA. Credit card option also available check box on page 2.

**Personal Data**

\_\_\_\_\_  
 Last First Middle Date of Birth MM/DD/YYYY

\_\_\_\_\_  
 Email address Social Security # Mother's Maiden Name

\_\_\_\_\_  
 Residence Address Phone

\_\_\_\_\_  
 City State Zip Code Country of Citizenship

\_\_\_\_\_  
 Business Name Phone

\_\_\_\_\_  
 Address

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

Please list all states and jurisdictions in which you hold (or have applied for) a certificate, permit or other recognized accounting designation. *Note: Applicants for a certificate (or certificate holders) are to notify the Board in writing of any revocation, suspension, issuance or denial of a certificate, permit or other recognized accounting designation by another state or jurisdiction – within 30 days after occurrence.*

Have you ever changed your name?	If yes, please explain:	
Have you ever relinquished a CPA certificate or other professional license?		If so, please attach an explanation.
Have you ever had a CPA certificate or other professional license denied, suspended, revoked?		If so, please attach an explanation.
Have you ever been denied permission to write the CPA exam?		If so, please attach an explanation.
Have you even been convicted of or any crime involving theft, dishonesty or fraud (beyond age 17)?		If so, please attach an explanation.
Do you have any disability that would require special provision at the exam site?		If so, please attach an explanation.
Have you previously written the CPA exam?		

## Education Record

Include a copy of your most current transcript. If you have graduated, enclose an official copy of your final transcript (showing the school seal and date your degree was conferred). If you are now enrolled in courses which are needed for completion of the education requirements, enclose a transcript showing your current enrollment (if transcript is unavailable, enclose some other form of enrollment verification). If you have not yet received your degree you will not be allowed to write the exam unless your current GPA is equal to or above your school's required graduation GPA.

College/University \_\_\_\_\_

Degree earned or expected \_\_\_\_\_

Dates attended From: \_\_\_\_\_

To: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College/University \_\_\_\_\_

Degree earned or expected \_\_\_\_\_

Dates attended From: \_\_\_\_\_

To: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College/University where the majority of your accounting education was completed: \_\_\_\_\_

What is the highest level of education you have attained (or to be attained)?

Graduate degree Date received/expected: \_\_\_\_\_ Degree type (e.g. MBA): \_\_\_\_\_ GPA: \_\_\_\_\_

Bachelor degree Date received/expected: \_\_\_\_\_ Undergraduate major: \_\_\_\_\_ GPA: \_\_\_\_\_

## Affidavit

I certify that I am of good moral character and have never been convicted of a felony, or any crime involving theft, dishonesty or fraud (beyond age 17) under the laws of the U.S. or this state, or of any other state if the acts involved would have constituted a crime under the laws of this state, except as indicated on an attached sheet. I further certify that the statements made herein and my signature below are true; that I have not withheld any information that might affect this application; and that in the event I become licensed as a CPA in North Dakota I will comply with the statutes of North Dakota and the accounting regulations of the N.D. State Board of Accountancy. I grant the Board permission to conduct a background investigation on me, and I grant the Board permission to share any information (including SSN) in this application or any prior applications, with third parties, for licensee database or exam purposes. I further certify that the photograph attached to this application is a genuine likeness of me. I agree that in the event my examination responses are lost or damaged, any claim I may have against the N.D. State Board of Accountancy will be limited to the application fee paid to the Board by me. I grant the Board permission to contact any of the references listed in this application

Date \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Applicant (Please sign in presence of notary)

### Attach photo here

Attach one recent 2" X 2" head and shoulders photograph of yourself. Please have the photo attached to this application at the time it is notarized.

### For notary use:

Before me, a Notary Public in and for the State of \_\_\_\_\_ and County of \_\_\_\_\_, personally appeared \_\_\_\_\_, known by me (or proved by \_\_\_\_\_) to be the person named and signed this document in my presence. The attached photo is a genuine likeness of the person named. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)  
(Title) \_\_\_\_\_

Are you a Military Spouse? Yes – see definition below. Provide proof of ID or military orders. No

A "military spouse" is a foreign practitioner who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in North Dakota in accordance with military orders or stations in North Dakota before a temporary assignment to duties outside of North Dakota.

A "foreign practitioner" is an individual who currently holds and maintains a license in good standing to engage in the occupation or profession as a Nursing Home Administrator in another state or jurisdiction other than North Dakota and who is not the subject of a pending disciplinary action in any state or jurisdiction.

Payment: Check \$120 US Funds payable to NDSBA enclosed  
Pay via credit card (Applications will not be reviewed until invoice is paid)

For Internal Use First Staff Review: \_\_\_\_\_ Second Staff Review: \_\_\_\_\_