

Instructions Grade Transfer Application

Type or print neatly when completing forms.

Complete the top portion of the enclosed "Authorization for Interstate Exchange" form and send to the State Board where you wrote the CPA exam.

Complete and pass [Professional Ethics: The AICPA's Comprehensive Course](http://www.aicpa.org/Pages/default.aspx) (purchase at AICPA website:

<http://www.aicpa.org/Pages/default.aspx>)

Send the following completed documents in one envelope: application, 3 sealed references, official sealed transcripts, certificate of experience, any additional explanations.

\$140 check or money order payable to NDSBA included

Pay Via Credit Card

Personal Data

Name; Last, First, Middle		SSN #	Date of Birth	
Residence Address			Phone	
City	State		Zip Code	
Business Name & Address			Phone	
City	State	Zip Code	Email	Country of Citizenship

Please list all states and jurisdictions in which you hold (or have applied for) a certificate, permit or other recognized accounting designation.

Note: Each holder of [or applicant for] a certificate is 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 so, please explain and list former name:
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 ever 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.

This application is to write the remaining Exam sections to be given (date):

Please list date and location for all previously exams written:

References

Please provide reference forms and envelopes to three individuals who can attest to your moral character. Ask each individual to complete the form, seal it in the envelope, then sign it across the seal and return it to you. Return all three sealed references with the application form. Do not use relatives or fellow students as references. List the references below.

Reference	Relationship
Reference	Relationship
Reference	Relationship

Experience

If applying under the 4-year experience option, attach full details of your work experience, including employer's name and address, time period, work performed, whether full time, etc. To qualify under this option, you must have met the experience provisions by 12/31/99. You may become certified under this option if you completed the Exam, according to Board rules, by 12/31/04.

5/5/2020

Education Record

If you are applying under the education option, please complete this section. 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 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 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: _____

As of 1-1-2000, the educational requirement to become a CPA is: at least 150 semester hours of college education with a baccalaureate or higher degree or their equivalent, from a college acceptable to the Board; the total educational program must include an accounting concentration or equivalent (i.e. 24 credits of accounting plus 24 of other business; see brochure "Becoming a North Dakota CPA", for more details).

AFFIDAVIT (to be signed in presence of notary)

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 ND 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 ND 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 (Sign in presence of notary)

<p>Attach photo here</p> <p>Attach one recent 2" X 2" head and shoulders photograph of yourself. Attach photo to application at the time of notarization.</p>	<p>For notary use:</p> <p>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.</p> <p>IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this _____ day of _____, 20____.</p> <p>_____ Notary Signature (SEAL)</p> <p>_____ Notary Title</p>	
<p>FOR INTERNAL USE</p> <p>Pre 2000 requirements <input type="checkbox"/> <input type="checkbox"/></p> <p>Paid fee of \$140 <input type="checkbox"/> <input type="checkbox"/></p> <p>SSN / Affidavit <input type="checkbox"/> <input type="checkbox"/></p> <p>Background Check <input type="checkbox"/> <input type="checkbox"/></p> <p>3 sealed references enclosed <input type="checkbox"/> <input type="checkbox"/></p> <p>All 6 questions above-No <input type="checkbox"/> <input type="checkbox"/></p> <p>Transcript enclosed <input type="checkbox"/> <input type="checkbox"/></p> <p>Final transcript received <input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p>Ethics exam passed <input type="checkbox"/> <input type="checkbox"/></p> <p>Certificate of Experience <input type="checkbox"/> <input type="checkbox"/></p> <p>24/24 concentration met <input type="checkbox"/> <input type="checkbox"/></p> <p>150 hours, w/ BS + <input type="checkbox"/> <input type="checkbox"/></p> <p>Education within 6 months <input type="checkbox"/> <input type="checkbox"/></p> <p>Photo Enclosed <input type="checkbox"/> <input type="checkbox"/></p> <p>Form V authorization form <input type="checkbox"/> <input type="checkbox"/></p> <p>Notarized & Signed <input type="checkbox"/> <input type="checkbox"/></p> <p>Entered in Database <input type="checkbox"/> <input type="checkbox"/></p>	<p>Staff review / date:</p> <p>Staff review / date:</p>

Applicant to complete the following:

_____ Last name	_____ First Name	_____ Middle Initial	_____ Maiden name
_____ Current mailing address		_____ (certificate # if applicable)	
_____ City	_____ State	_____ Zip	
_____ Phone	_____ Email	_____ Social Security Number	_____ Date of Birth

I am applying to the North Dakota Board of Accountancy for a North Dakota CPA Certificate. I authorize your Board to provide any and all needed information requested.

_____ Applicant Signature	_____ Date Signed
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This section to be completed by Board of Accountancy only

Exam Scores (Please list all grades, including failing grades, recorded for the applicant)

EXAMINATION	ID NUMBER	Auditing, AUD	Law, LPR, BEC	Theory, FARE, FAR	Practice, ARE,

Was the applicant ever denied admission to the exam? Yes No
If yes, please explain.

Subjects with which the candidate has been granted credit for, if any: AUD LPR FARE ARE None

Certificate/Licensure and Permit Status:
As a Certified Public Accountant, the applicant holds the following certificate: original reciprocal (check one box)
CPA certificate number _____, dated _____.
The individual has completed the AICPA Ethics Examination. Yes No

License/Permit to Practice Public Accounting (if licensing is the responsibility of another agency, please forward):
The applicant holds a license/permit from this Board for the period ending _____ and is currently in good standing.
Has the applicant met all the qualifications for licensure from your Board? Yes No

Indicate the requirements to be met for issuance or reinstatement:

<input type="checkbox"/> License/Permit not required	<input type="checkbox"/> Complete acceptable accounting /auditing
<input type="checkbox"/> Pay appropriate fees and /or post bonds	<input type="checkbox"/> Complete continuing professional education
<input type="checkbox"/> Other: (Please specify)	

Has the applicant ever been disciplined by your Board? Yes No
Has the applicant ever had a license, permit to practice or certificate suspended by your Board? Yes No

The information provided herein is correct to the best of our knowledge.

Official Seal

Board/Agency _____
Signature _____
Title _____
Date _____

Applicant: send to appropriate state board. State Board: return completed form directly to NDSBA



Applicants: Complete sections A and B, then forward this form for completion by your supervisor / verifier. If your experience involves more than one employer, copy this form and submit one form for each entity. As of April 1, 2016, experience is to be verified by a CPA (or a CA of Australia, Canada, Ireland or New Zealand, Hong Kong CPAs, or Mexico CP).

Verifiers / Supervisors: Verify the information in section B, complete section C and return this form by mail directly to the Board, at the above address.

Section A Applicant Information

First Name: _____ MI: ____ Last Name: _____ SSN: _____

Address: _____ City: _____ State: ____ Zip: _____ PH: _____

Section B - Employer Information

Employer Name: _____ Position Held: _____

Address: _____ City: _____ State: ____ Zip: _____ PH: _____

Name of Supervisor: _____ Firm Name (if different from above: _____

Firm Address: _____ City: _____ State: ____ Zip: _____ PH: _____

Describe the work you performed in this position:

Check the type of employer: Public Accounting Industry Gov't Academia Other

Dates of employment: Full time, from _____ to _____ and/or Part time, from _____ to _____

List the total number of hours you worked for this employer _____

List the number of hours of experience you gained with this employer, in providing services or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills.

List the total number of hours you spent involved in all other activities, such as classroom training, admin. work, etc. _____

Signature Block

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 if I obtain a ND CPA certificate I will comply with the statutes of North Dakota and the regulations of the NDSBA. 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 or any prior applications, with third parties, for licensee database or exam purposes. I authorize the Board to contact any source for verification.

Signature: _____ Date: _____ Send this form to your supervisor/verifier

Section C - Signature of supervisor/verifier

I have examined the information listed above and I believe it to be true and complete as stated.

Signature: _____ Name: _____ GS CPA?: ____ Date: _____

Relationship to applicant: _____ e-mail address: _____ Business Phone: _____

(Rule 3-02-04-01)

Qualifying Experience. The experience required for initial certification after December 31, 2000, must consist of at least two thousand hours gained within four or fewer calendar years, and must be verified to the satisfaction of the Board. The majority of the experience must consist of providing some service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. Candidates may complete the required examinations before completing any of the experience required for initial certification.

(Law)

After December 31, 2000, an applicant for initial issuance of a certificate under this section shall show that the applicant has had one year of experience. This experience must include providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. This experience must be verified and must meet any other requirements prescribed by the Board by rule. This experience is acceptable if it was gained through employment in government, industry, academia, or public accounting. This experience requirement does not apply to those who received a certificate from this state prior to January 1, 2000.

REFERENCE FORM

North Dakota State Board of Accountancy
215 N 3rd Street, Suite 202C
Grand Forks ND 58203

I, _____ am applying to the ND State Board of Accountancy for:
() permission to take the CPA exam or transfer grades () a CPA certificate by reciprocity

Please complete this reference form and seal it in an envelope, sign your name across the envelope seal, and return it to the applicant.

1. How long have you known the applicant? _____
In what capacity? _____
2. Have you ever employed the applicant? _____
If yes, was the applicant's work satisfactory? _____
3. Have you had sufficient personal contact with the applicant to serve as a character reference? _____
(If not, please stop here and return the form to the candidate.)
4. Do you consider the applicant honest and trustworthy? _____
If not, please explain:
5. Do you consider the applicant to be of good moral character? _____
If not, please explain:
6. Are you aware of any felonies committed by the applicant? _____
If yes, please explain:
7. Do you know of anything about the applicant that would reflect negatively on the applicant's moral character? _____ If yes, please explain:
8. Are you related to the applicant? _____

Name (printed) _____

Phone _____ Email _____

Business _____

Address _____

Position/Occupation _____

Signature _____ Date _____

Please sign, insert into an envelope, seal and sign across the seal.

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