KANSAS BOARD OF ACCOUNTANCY

900 SW Jackson, Ste. 556, Topeka, KS 66612-1239 Tel: 785-296-2162 Fax: 785-291-3501 https://ksboa.kansas.gov

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

APPLICANT: THIS FORM MUST BE COMPLETED BY THE STATE BOARD OF ACCOUNTANCY WHERE THE CPA EXAM AS PASSED AND THE APPLICANT CERTIFIED. IF APPLICANT IS NOW LIVING/WORKING IN A DIFFERENT STATE, THIS FORM IS ALSO NEEDED FROM THE CURRENT STATE AND ANY OTHER STATE WHERE APPLICANT HAS HELD OR DOES HOLD A CPA CERTIFICATE. THE FORM MAY BE REPRODUCED IF NECESSARY. APPLICANTS ARE TO COMPLETE THE TOP PORTION OF THIS FORM AND SEND IT TO THE APPROPRIATE STATE BOARDS TO COMPLETE THE REMAINDER OF THE FORM AND RETURN IT BACK TO THE APPLICANT TO SUBMIT WITH A COMPLETE APPLICATION PACKAGE. IT IS SUGGESTED THAT THE APPLICANT CHECK WITH THE STATE BOARDS WHERE THE FORM IS BEING SENT TO DETERMINE IF THERE ARE ANY FEES ASSOCIATED WITH SUCH VERIFICATIONS.

THIS SECTION TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

Mr. Ms	First Name	Middle Name	Last Nam	ne Maiden Name
	Current Mailing A	Address		
	City	State	Zip + Four	Telephone Number (During business hours)
Date of Birth:		Social Security Number:		Email:
pertinent info agency. I agre	rmation requeste ee that the State I		Board of Accountanc s issued to me by th	ard of Accountancy to provide any and all by to complete an application filed with that e Advisory Grading Service of the American
SE	ECTIONS A THRO	OUGH D ARE TO BE COMPL	Applicant Signature	Date Signed RD OF ACCOUNTANCY ONLY

SECTION A: VERIFICATION OF EXAMINATION CREDITS

The following are scores awarded on the Uniform CPA Examination(s) for the applicant named above as reported by the AICPA Advisory Grading Service. Please use Section D of this form to explain if any of the scores were changed, if an exam other than the Uniform CPA exam was used, or if there is any reason why the scores should not be accepted. If a separate sheet is attached, please affix official signature and Board Seal to it also.

Exam Date	Score Release Date	I.D. Number	AUD (Audit) (Auditing)	BEC (LPR) (Law)	FAR (FARE) (Theory)	REG (ARE) (Practice)	BAR	ISC	ТСР

1.	Was the applicant ever denied admis	sion to the exam? Yes	No If yes	use Section D to explain.	
2.	If the applicant has not completed the Yes No If yes, use Section		strictions preven	ting him/her from sitting in	your state?
3.	If the candidate has not passed all par passed for which credit has been give			·	•
CE					
	CTION B: CERTIFICATE/LICENSURE (Piertificate as a Certified Public Account				
1.	The applicant was granted an original	/ reciprocal (highlight one)	CPA certificate n	umber	issued
	onwhich	n is in good standing unless	otherwise noted	n Section D of this form.	
2.	The individual has completed an ethic	cs examYesN	o N/A	Exam prepared and grad	ded by:
_	BoardAICPA Other:	Date pas	sed:	Score:	
SE	license/Permit to practice public account licensing is the responsibility of another Yes No This state is a two Yes No The license/permit Yes No Has there ever be D. If the applicant does not hold a licens or reinstatement: License/Permit not required Pay appropriate fees and/or Complete acceptable account Complete continuing profess Other (please specify): ECTION C: ADDITIONAL INFORMATE ECTION D: EXCEPTIONS NOTED Oust be affixed to the attached sheets if	er agency, please forward an vo-tier state. mit from this Board is in goo been any disciplinary action in se/permit from your Board, post bond ating/auditing requirements sional education requirements. FION REQUESTED: R EXPLANATIONS OF INF	d standing and expensituted against oblease indicate the transfer of the trans	the applicant? If yes, explain e requirements to be met f	n in Section for issuance
m	ust be affixed to the attached sheets if	needed to respond to this ii	iquiry.)		
_					
		The information provide	d herein is correc	ct to the best of our knowle	dge.
	OFFICIAL BOARD		Board/Agency		
	SEAL		Official Signatu	ire	
			Title		