

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-1422 • Fax 919-733-4209 • Web www.nccpaboard.gov

INSTRUCTIONS FOR ORIGINAL NORTH CAROLINA CPA CERTIFICATE APPLICATION

Enclosed is an application for an original North Carolina CPA certificate. To ensure that you have enclosed all necessary information and that the forms are completed correctly, please review the list below before returning the package to the Board.

Application Form

Did you answer all questions?

Did you sign and date the application?

Is the application properly notarized? (see example)

Did you attach a recent passport-type photograph?

Did you enclose a copy of the completion/attendance certificate for the North Carolina Accountancy Law course?

Did you enclose a \$100.00 check (payable to the NC State Board of CPA Examiners) or \$100.00 credit card authorization?

NOTE: If you were not born in the US, please provide one of the following: 1) proof of US citizenship, 2) proof of resident alien status, or 3) a notarized statement of your intention to become a US citizen.

Certificate of Moral Character - must submit three (3) forms, one (1) form is included in this package

Did a properly licensed CPA complete each form?

Did you answer all questions?

Is your name and address on all forms?

Is each form properly notarized? (see example)

NOTE: You must disclose all convictions, regardless of when they occurred, to the individuals signing your moral character forms and those individuals must indicate knowledge of these convictions on the back of the form. Please note that certificates of moral character are valid for one (1) year after being signed.

Experience Affidavit - you may make copies if you need more than one (1) experience affidavit

Did your direct supervisor(s) complete and sign the form(s)?

Are the beginning and ending dates of employment filled in?

Are all job titles and job duties listed?

Have all questions been answered?

Is each form properly notarized? (see example)

Did the direct supervisor sign the attachments, if any?

NOTE: If you have part-time, self-employed, or teaching experience, please complete the appropriate supplemental form (available from the Board's web site, www.nccpaboard.gov) and submit with your application.

150 Semester Hour Worksheet - Unless you have a master's degree in accounting, business administration, economics, or tax law, or a *juris doctor* (JD) with a concentration in accounting or tax, you must complete and submit this form with your application.

CPA Firm Registration

If you are in the public practice of accounting as defined in 21 NCAC 08A .0307 and .0308 and the CPA firm through which you are providing services is not registered with the Board, you must register that CPA firm with the Board. CPA firm registration forms are available from the Board's web site, www.nccpaboard.gov.

If you did not sit for the Uniform CPA Examination as a North Carolina candidate, you must also enclose:

Application for Transfer of Credit or have on file with the Board

Interstate Exchange Form must be completed by the jurisdiction in which you sat for the Uniform CPA Exam

Official College Transcript(s) with raised school seal and signature of college registrar, showing completion of education requirement pursuant to NCGS 93-12(5), 21 NCAC 08A .0309, and 21 NCAC 08F .0410

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ACCOUNTANCY LAW COURSE REQUIREMENT

Pursuant to 21 NCAC 08F .0504 and 21 NCAC 08H . 0101(a), all CPA certificate applicants and reinstatement applicants must complete a qualified accountancy law course on the North Carolina Accountancy Law (Statutes) and Administrative Code (Rules).

To satisfy the requirement, an applicant must complete the course within one year preceding the date the Board receives his or her application. For example, those planning to apply in January of the current year must wait until at least February of the previous year to take the course. If an applicant meets the requirement prematurely, the course will not count for certification or reinstatement. The Board suggests that an applicant take the course within a few months prior to submitting his or her application to the Board.

For new CPA certificate applicants, the course will qualify for eight (8) CPE credit hours that may be reported on the CPE renewal form if completed during the same calendar year in which the certificate is granted.

The North Carolina Association of CPAs (NCAC PA) course, "NC Accountancy Law Course: Ethics Principles and Professional Responsibilities," is a qualified course that is available in two formats: an 8-hour group study seminar and an 8-hour self-study course.

"NC Accountancy Law Course: Ethics, Principles, and Professional Responsibilities"
NCACPA
PO Box 80188
Raleigh, NC 27623-0188
(919) 469-1040
(800) 722-2836
www.ncacpa.org

For a list of course dates and locations, visit the NCACPA's website, www.ncacpa.org, and click on "CPE & Events," then click on "Ethics."

PLEASE NOTE THAT THE BOARD DOES NOT OFFER THESE COURSES.

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APPLICATION FOR ORIGINAL NC CPA CERTIFICATE

NOTE: APPLICATION WILL NOT BE PROCESSED UNLESS ALL FIELDS ARE COMPLETE

Attach
passport-
type photo
here

 First Name Middle Name Last Name Jr./Sr./III

 City/State of Birth Date of Birth (MM/DD/YYYY)

 Social Security Number Home E-mail Address

 Home Address City/State/ZIP

 Home Telephone Home Fax

 Business/Firm Name

 Business Address City/State/ZIP

 Business Telephone Business FAX

 Business E-mail Address Job Title

Send mail to: Home Business

OCCUPATION - (Check one)

- | | | |
|--------------------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Individual Practitioner | <input type="checkbox"/> Educator | <input type="checkbox"/> Govt-Non-Accounting |
| <input type="checkbox"/> CPA Firm-Partner | <input type="checkbox"/> Industry-Accounting Field | <input type="checkbox"/> Law |
| <input type="checkbox"/> CPA Firm-PC Shareholder/PLLC Member | <input type="checkbox"/> Industry-Non-Accounting | <input type="checkbox"/> Student |
| <input type="checkbox"/> CPA Firm-Staff | <input type="checkbox"/> Govt-Accounting | <input type="checkbox"/> Unemployed |

AREA OF CONCENTRATION - (Check one)

- | | | |
|----------------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> General Accountancy | <input type="checkbox"/> Auditing | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Taxation | <input type="checkbox"/> Advisory Services | <input type="checkbox"/> Non-Accounting |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Law | |

Check the memberships you hold in the following organizations:

- North Carolina Association of CPAs American Institute of CPAs

FOR BOARD STAFF USE: Amt Paid _____ Dep. # _____ Date _____

- (1) _____ Indicate the date you passed the CPA Examination as a North Carolina candidate; OR
- (2) _____ Indicate the jurisdiction from which grade credits are being transferred.
If transferring credits, an application for transfer of credit and authorization for interstate exchange must accompany this application.
- (3) If your name has ever changed, evidence of this change (*i.e.* copy of marriage license or divorce decree) must accompany this form.
- (4) I have attached experience affidavits from the following employers:

- (5) I have attached certificates of moral character from the following three CPAs:

- (6) _____ **ACCOUNTANCY LAW COURSE COMPLETION DATE** (Attach copy of completion certificate)
- (7) **Moral Character Data:** If you answer "Yes" to any of the questions below, you must provide a certified copy of the court records or a certified copy of applicable license or disciplinary records with a statement of explanation with this application.

Have you been charged, arrested, convicted, found guilty of, or pleaded <i>nolo contendere</i> to any criminal offense (excluding non-criminal traffic infractions)?	Y	N
Have you had an application for certificate or license denied or certificate or license suspended, canceled, or revoked by any state or federal agency or governing or licensing board?	Y	N
Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency?	Y	N
Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence?	Y	N

NOTE: ALL REQUIRED FORMS MUST BE ENCLOSED AND COMPLETE OR APPLICATION PACKAGE WILL BE RETURNED.

APPLICATION FEE: Enclose **\$100** check (payable to **NC State Board of CPA Examiners**) or **\$100** credit card authorization

AFFIDAVIT OF APPLICANT

I have read General Statutes Chapter 93 and Title 21, North Carolina Administrative Code, Chapter 08 and understand the law and rules of the Board applicable to all certified public accountants, particularly those about Professional Ethics and Conduct, and the Continuing Professional Education requirements. As far as I am able to determine, I meet all of the requirements to apply for a North Carolina CPA Certificate. I understand the contents of applications including all attachments and disciplinary actions or consent orders regarding me are subject to the NC Public Records Act. I understand that I am waiving any claim of confidentiality or privacy regarding disclosure of such public records. I authorize the Board to make such investigative inquiries it deems necessary and release from liability all parties responding to such inquiries. I affirm under the penalties of perjury that the information, statements, and any attachments made in conjunction with this application are true, correct, and complete.

Date: _____ Signature: _____

_____ State
_____ County

Sworn to (or affirmed) and subscribed before me this day by _____.

[I have personal knowledge of the identity of the principal(s)] [I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____] [a credible witness has sworn to the identity of the principal(s) _____.]

Notary

Public Signature

Notary Public Printed Name

Date

_____ My Commission Expires

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CERTIFICATE OF MORAL CHARACTER AND ELIGIBILITY - CPA CERTIFICATE APPLICANTS

TO BE COMPLETED BY APPLICANT:

Original CPA Applicant Reinstatement of CPA Certificate Reissuance of CPA Certificate

 First Middle Last Jr./Sr./III

 Mailing Address

 City State ZIP

REMAINDER TO BE COMPLETED BY CPA SIGNING FORM:

INSTRUCTIONS: NCGS 93-12(5) requires applicants for the CPA Certificate to have good moral character. CPAs completing this form are asked to evaluate and comment upon the applicant's character, conduct, social relations, and adherence to general principles of right conduct. A CPA is expected to hold a high sense of duty to his/her fellow man and to society in general because of the amount of trust and confidence that will be placed in him/her by clients and by the citizens of this State and Nation.

Suggested references must be CPAs and may include, but are not restricted to, the following groups: instructors, employers, fellow employees, fellow NCACPA chapter members, neighbors, and public officials. The Board will not accept references from persons related by blood or marriage. Persons signing certificates are expected to have known the applicant for a sufficient period of time to make an evaluation of his/her moral character and to be familiar with the applicant's lifestyle outside of the classroom or workplace. Persons signing this form should do so only after careful consideration, and only after reviewing the properly completed application package to determine that the applicant has made all required disclosures.

NOTE: Persons completing this form who reside and/or work in North Carolina must be licensed by this Board to use the CPA title. Completion of this form is considered to be use of the CPA title. Persons not licensed by this Board and living outside of North Carolina who complete this form must be currently licensed by another board of accountancy.

I have personally known the applicant for _____ years, _____ months.

Describe in detail the opportunities you have had to evaluate the applicant.

Is the applicant of good moral character (*i.e.* has a personal history of honesty, fairness and respect for the rights of others and for the laws of the State of North Carolina and this nation) and would be expected to conscientiously observe the high professional responsibilities of a Certified Public Accountant?

_____ Yes _____ No If no, please explain:

Is the applicant entirely worthy of the trust placed in him/her by the State of North Carolina and the public as a Certified Public Accountant?

_____ Yes _____ No If no, please explain:

To the best of my knowledge, the applicant has never been convicted, found guilty of, received a prayer for judgment continued, or pleaded *nolo contendere* to any criminal offense (excluding non-criminal traffic infractions)

_____ Yes _____ No If no, please explain:

Comments:

If you have any questions about the applicant's moral character that are not fully explained on this form, or if the applicant has disclosed arrest or conviction records, or license denial, suspension, or revocation by any licensing agency, the person signing this certificate should review the documents to be supplied to the Board with the applicant's application and send a confidential letter outlining any opinions you have concerning these matters to: Licensing Section, North Carolina State Board of CPA Examiners, PO Box 12827, Raleigh, NC 27605. Please consider sending such correspondence by certified mail to ensure its receipt. The Board of CPA Examiners and its staff may communicate with the person signing this form.

I affirm under the penalties of perjury that the information, statements, and any attachments made in conjunction with this certificate of moral character are true, correct, and complete.

Date: _____ Signature: _____

CAUTION: If your residence or office is in North Carolina, you cannot sign this form unless you are licensed by this Board.

(Please type or print)

Reference Name: _____

Title/Occupation: _____

Firm/Employer: _____

Street/PO Box: _____

City/State/ZIP: _____

E-Mail Address: _____

CPA Certificate Number: _____ State of Certificate _____ Daytime Telephone: _____

_____ State

_____ County

Sworn to (or affirmed) and subscribed before me this day by _____.

[I have personal knowledge of the identity of the principal(s)] [I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____] [a credible witness has sworn to the identity of the principal(s) _____.]

Notary

Public Signature

Notary Public Printed Name

Date

My Commission Expires _____

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EXPERIENCE AFFIDAVIT

Application for Examination Certificate

TO BE COMPLETED BY APPLICANT:

 First Name Middle Name Last Name Jr./Sr./III

 Mailing Address

 City State ZIP

REMAINDER TO BE COMPLETED BY DIRECT SUPERVISOR:

The applicant's experience with this company was:

(**Check only one.** If more than one type applies, complete a separate form for each type of experience.)

1. _____ in the public practice of accounting under the direct supervision of a CPA.
2. _____ in the public practice of accounting, but not under the direct supervision of a CPA.
3. _____ in the field of accounting under the direct supervision of a CPA.
4. _____ in the field of accounting, but not under the direct supervision of a CPA.
5. _____ in teaching accounting courses.

The applicant was employed by my firm for the period beginning _____ (month/day/year) and ending
 (**date of termination or today's date**) _____ (month/day/year).

This person held the following job titles and/or classifications during the periods noted:

I have described below the job duties assigned to the applicant during the period described above:

If part-time experience is involved, complete the *Part-Time Experience Affidavit* showing hours worked each week during applicable periods. Part-time experience is experience in a job with less than 30 hours of work per week. If teaching accounting courses is involved, complete the *Teaching Experience Affidavit*. If you were self-employed as an accountant or CPA, please complete the *Self-Employed Experience Affidavit*. The supplemental experience affidavit forms are available from the Board's website, www.nccpaboard.gov.

FOR BOARD STAFF USE: Length of Employment _____ years _____ months _____ days _____

SPECIAL INSTRUCTIONS TO CERTIFIED PUBLIC ACCOUNTANTS WHO SIGN THIS FORM

CPAs who sign this form as direct supervisors are reminded of the meaning of direct supervision as stated below . A CPA may sign for another CPA who is employed by the same firm; however, the signing CPA is responsible for determining that supervision was both direct and by a properly licensed CPA.

21 NCAC 08A.0310 "Direct supervision" means:

- (1) having jurisdiction and oversight authority over the process of planning, coordinating, guiding, inspecting, controlling, and evaluating on a continuing basis the activities and accomplishments of the employees under one's command;
- (2) having the power of direction and decision in implementing activities to meet the objectives of one's stewardship;
- (3) having authority delegated by higher management to hire, transfer, suspend, recall, promote, assign, or discharge an employee under one's charge or to recommend such action through the proper administrative chain of Command;
- (4) having authority to supervise the employee in the usual line of authority unrestricted by multiple positions of influence; and
- (5) having authority to verify the employee's experience in a notarized experience affidavit.

NOTE: Any CPA supervision in the State of North Carolina must be provided by CPAs licensed by this Board.

I affirm that the CPA Certificate(s) of the supervisor(s) has/have never been revoked or suspended. If the CPA certificate(s) of the supervisor(s) has/have ever been revoked or suspended, please attach documentation that indicates the dates, periods, and reasons for revocation(s) or suspension(s).

FOR PUBLIC PRACTICE CPA SUPERVISORS ONLY: I have been the direct supervisor of the applicant during the full period on the front on this form. If not, I certify under penalty of law that the applicant was directly supervised by properly licensed CPAs during the entire period on the front of the form.

FOR NON-PUBLIC PRACTICE CPA SUPERVISORS ONLY: I have been the direct supervisor of the applicant during the full period on the front of this form. If not, listed below are the other supervisors, their CPA certificate numbers, and dates of supervision:

I affirm under the penalties of perjury that the information, statements, and any attachments made in conjunction with this experience affidavit are true, correct, and complete.

Printed Name

Title

Email Address

Telephone Number

State of Certification/Licensure and Cert./License No.

Signature

Company Where Applicant's Experience Was Earned

Mailing Address

City/State/ZIP

Fax Number

Date Certificate/License Issued

Date of This Affidavit

TO SUPERVISOR: If you have changed employment since the experience attested to on this form was earned, please provide your current daytime address and telephone number:

_____ State

_____ County

Sworn to (or affirmed) and subscribed before me this day by_____.

[I have personal knowledge of the identity of the principal(s)] [I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____] [a credible witness has sworn to the identity of the principal(s) _____.]

Notarial Seal

Public Signature

Notary Public Printed Name

Date

My Commission Expires _____

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**CPA CERTIFICATE APPLICANT WORKSHEET
150 SEMESTER-HOUR REQUIREMENT**

This worksheet is designed to assist you with applying for certification. You were allowed to sit for the Uniform CPA Examination with an undergraduate degree. However, you may have additional transcripts that you were not required to submit with an exam application that you should now provide to show compliance with the bachelor's degree including 150 semester hours for licensure.

Please be sure that you have provided all of the following (as applicable):

1. all undergraduate transcript(s) from regionally accredited schools showing bachelor's degree and 30 semester hours of accounting;
2. transcripts from all regionally accredited schools;
3. transcripts showing additional semester hours to meet the 150-hour requirement; and
4. transcript showing completion of master's degree pursuant to 21 NCAC 08F .0410(b).

If you took courses from a college or university that were later transferred to the school from which you earned your bachelor's degree, please note that not all hours taken may have been accepted and will not be listed on the final transcript. You cannot use a course more than once to satisfy the concentration in accounting, the required fields of study, and the total semester hours. You may calculate any additional hours of credit by subtracting the transferred hours from your bachelor's degree school and adding the hours from any school(s) where you took the additional courses. You should discount any duplication or repeats of coursework. You may convert quarter hours to semester hours by multiplying the quarter hours by .67. Please refer to the Board's web site, www.nccpaboard.gov, for additional information.

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**STATUTES AND RULES REGARDING
 THE 150 SEMESTER HOUR REQUIREMENT FOR LICENSURE**

NCGS 93-12(5)

To issue certificates of qualification admitting to practice as certified public accountants, each applicant who, having the qualifications herein specified, has passed an examination to the satisfaction of the Board, in "accounting," "auditing," "business law," and other related subjects.

A person is eligible to take the examination given by the Board, or to receive a certificate of qualification to practice as a certified public accountant, if the person is a citizen of the United States, has declared the intention of becoming a citizen, is a resident alien, or is a citizen of a foreign jurisdiction which extends to citizens of this State like or similar privileges to be examined or certified, is 18 years of age or over, and is of good moral character.

To be eligible to take the examination given by the Board, a person shall submit evidence satisfactory to the Board that the person holds a bachelors degree from a college or university that is accredited by one of the regional accrediting associations or from a college or university determined by the Board to have standards that are substantially equivalent to a regionally accredited institution. The degree studies shall include a concentration in accounting as prescribed by the Board or shall be supplemented with courses that are determined by the Board to be substantially equivalent to a concentration in accounting.

The Board may, in its discretion, waive the education requirement of any candidate if the Board is satisfied from the result of a special written examination given the candidate by the Board to test the candidate's educational qualifications that the candidate is as well qualified as if the candidate met the education requirements specified above. The Board may provide by regulation for the general scope of such examinations and may obtain such advice and assistance as it deems appropriate to assist it in preparing, administering, and grading such special examinations.

To be eligible to receive a certificate of qualification to practice as a certified public accountant, a person shall submit evidence satisfactory to the Board that:

a. The person has completed 150 semester hours and received a bachelors degree with a concentration in accounting and other courses that the Board may require from a college or university that is accredited by a regional accrediting association or from a college or university determined by the Board to have standards that are substantially equivalent to those of a regionally accredited institution.

b. The person has the endorsement as to the person's eligibility of three certified public accountants who currently hold licenses in any state or territory of the United States or the District of Columbia.

c. The person has one of the following:

1. One year's experience in the field of accounting under the direct supervision of a certified public accountant who currently holds a valid license in any state or territory of the United States or the District of Columbia.

2. Four years of experience teaching accounting in a four-year college or university accredited by one of the regional accrediting associations or in a college or university determined by the Board to have standards substantially equivalent to a regionally accredited institution.

3. Four years of experience in the field of accounting.

4. Four years of experience teaching college transfer accounting courses at a community college or technical institute accredited by one of the regional accrediting associations.

5. Any combination of such experience determined by the Board to be substantially equivalent to the foregoing.

The Board may permit persons otherwise eligible to take its examinations and withhold certificates until the person has had the required experience.

21 NCAC 08A .0309 CONCENTRATION IN ACCOUNTING

(a) A concentration in accounting includes:

- (1) at least 30 semester hours, or the equivalent in quarter hours, of undergraduate accountancy courses which shall include no more than six semester hours of accounting principles and no more than three semester hours of business law; or
- (2) at least 20 semester hours or the equivalent in quarter hours, of graduate accounting courses that are open exclusively to graduate students; or
- (3) a combination of undergraduate and graduate courses which would be equivalent to Subparagraph (1) or (2).

(b) In recognition of differences in the level of graduate and undergraduate courses, one semester (or quarter) hour of graduate study in accounting is considered the equivalent of one and one-half semester (or quarter) hours of undergraduate study in accounting.

(c) Up to four semester hours, or the equivalent in quarter hours, of graduate income tax courses completed in law schools may count toward the semester hour requirement of Paragraph (a) of this Rule.

(d) Where, in the Board's determination, an accounting course duplicates another course previously taken, only the semester (or quarter) hours of one of the courses shall be counted in determining if the applicant has a concentration in accounting.

(e) Accounting courses include such courses as principles courses at the elementary, intermediate and advanced levels; managerial accounting; business law; cost accounting; fund accounting; auditing; and taxation. There are many college courses offered that would be helpful in the practice of accountancy, but are not included in the definition of a concentration in accounting. Such courses include business finance, business management, computer science, economics, writing skills, accounting internships, and CPA exam review.

21 NCAC 08F .0410 EDUCATION REQUIRED OF CANDIDATES FOR CPA CERTIFICATION

(a) G.S. 93-12(5)a sets forth the education required of candidates applying for CPA certification. The 150 semester hours required include a concentration in accounting, as defined by 21 NCAC 08A .0309, and 24 semester hours of coursework which include one three semester hour course from at least eight of the following 10 fields of study:

- (1) communications;
- (2) computer technology;
- (3) economics;
- (4) ethics;
- (5) finance;
- (6) humanities/social science;
- (7) international environment;
- (8) law;
- (9) management; or
- (10) statistics.

(b) Anyone applying for CPA certification who holds a Master's or more advanced degree in accounting, tax law, economics, finance, business administration, or a law degree from an accredited college or university or the equivalent thereof is in compliance with Paragraph (a) of this Rule.

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FIELDS OF STUDY DEFINED

A person applying for a certificate of qualification should have a bachelor's degree or advanced degree, either of which includes at least 150 semester hours of coursework from a college or university determined by the Board to have standards substantially equivalent to a regionally accredited institution. The 150 semester hours should include: 30 semester hours of accounting, which shall include no more than six hours of accounting principles, and 24 semester hours of coursework which shall include one three semester-hour course from at least eight of the ten fields of study listed below. A course cannot be used more than once to satisfy the concentration in accounting, required fields of study, and the total semester hours.

Communications

This field of study will give an individual knowledge of oral and written communication skills. This field includes but is not limited to speech, business writing, public speaking, report writing, debate, technical writing, business communications, and advanced writing skills coursework above basic introductory composition.

Computer Technology

This field of study will give an individual knowledge of computer hardware and computer applications. This field includes but is not limited to information systems, electronic spreadsheet, database management, word processing, and programming.

Economics

This field of study will give an individual a knowledge of the economic system. This field includes but is not limited to micro/macro economics, labor economics, managerial economics, resource and environmental economics, money and financial markets, and comparative economic systems.

Ethics

This field of study will give an individual a knowledge of discipline which society has imposed on itself through laws, customs, moral standards, and rules of professional conduct. This field includes but is not limited to ethics, ethics of religion, business ethics, ethics of philosophy, and professional ethics. NOTE: Religion and philosophy courses are not automatically considered ethics courses.

Finance

This field of study will give an individual a knowledge of the financial practices of business. This field includes but is not limited to finance, banking and money, corporation finance, business finance, insurance, real estate, capital budgeting, and financial planning.

Humanities and Social Science

This field of study will give an individual a knowledge of human values and choices and the human process. This field includes but is not limited to psychology, geography, sociology, leadership, anthropology, political science, criminal justice, and social welfare.

International Environment

This field of study will give an individual a knowledge of the international environment. This field includes but is not limited to international accounting, international business, foreign language, international trade, international finance, international marketing, foreign economy, and international organizations.

Law

This field of study will give an individual a knowledge of the legal environment of business. This field includes but is not limited to business law, commercial law, regulatory law, professional regulations of the profession, and international law.

Management

This field of study will give an individual a knowledge of the operation of business. This field includes but is not limited to personnel, marketing, human resources, production management, operations and business policy, human relations, organizational behavior, and quantitative methods for management.

Statistics

This field of study will give an individual a knowledge of the application of statistical methodology. This field includes but is not limited to statistics, behavior research, business statistics, survey sampling, probability and statistical computing, and database management.

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**APPLICATION FOR TRANSFER OF CREDIT FOR PASSING PART OR ALL
OF THE UNIFORM CPA EXAMINATION IN ANOTHER JURISDICTION**

First Name Middle Name Last Name Jr./Sr./III

Mailing Address

City State ZIP

() _____ () _____
Home Telephone Business Telephone

Birth Date Birthplace Social Security Number

If you have previously used other names, indicate those here: _____

(1) Prepare the applicant's section of the *Authorization for Interstate Exchange of Examination and Licensure Information* and forward to the appropriate board of accountancy for proper completion. Request that the form be returned directly to you.

(2) Have you filed an application for a North Carolina CPA certificate? Yes ___ No ___

(3) Have you filed an application to take the CPA exam as a North Carolina candidate? Yes ___ No ___

(4) If you have not already done so, request that school(s) where you earned accounting courses submit certified transcripts of courses directly to you to include with your application.

(5) 21 NCAC 08F .0106 permits the transfer of examination grades only if they are earned in accordance with 21 NCAC 08F .0105.

(6) **Application Fee:** If you are applying for a North Carolina CPA certificate, there is no additional application fee.

If you are transferring grades only, the fee is \$75.00.

Make your check payable to the NC State Board of CPA Examiners.

If you prefer, you may pay the applicable fee by VISA or MasterCard

Affidavit of Applicant

I understand that all of the information in this application and other documents to be filed with the Board in connection with this application are a matter of public record and are available for public inspection. I declare under the penalties of perjury that the information and statements made in this application are, to the best of my knowledge and belief, true, correct, and complete.

Signature _____ Date: _____

FOR BOARD USE: Amt. Paid _____ Deposit No. _____ Deposit Date _____

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-1422 • Fax 919-733-4209 • Web www.nccpaboard.gov

CREDIT CARD PAYMENT

Credit card payment cannot be processed unless all fields below are complete.

_____ MasterCard _____ VISA Amount \$ _____

Account Number _____

Card Security Code _____ Expiration _____ Date _____
(located on back of card in/near signature box) (Month/Year)

Exact Name on Card _____

Billing Address for Card _____
Street Address/PO Box City/State/Zip Code

Signature _____ Date _____

FOR BOARD USE **AUTHORIZATION CODE** _____

PROPER COMPLETION OF NOTARY STATEMENT

_____**(A)**_____ State

_____**(B)**_____ County


Sworn to (or affirmed) and subscribed before me this day by _____**(C)**_____.

(D-1) [I have personal knowledge of the identity of the principal(s)] **(D-2)** [I have seen satisfactory evidence of the principal’s identity, by a current state or federal identification with the principal’s photograph in the form of a(n) _____**(D-2a)**_____ [a credible witness has sworn to the identity of the principal(s) _____**(D-3)**_____].]

_____**(E)**_____
Notary Public Signature

_____**(G)**_____
Notary Public Printed Name

_____**(H)**_____
Date

(F) 

My Commission Expires _____**(I)**_____

- A. The state in which the notarial act was performed
- B. The county in which the notarial act was performed
- C. The name of the person (principal) whose signature is notarized (must appear in person before the notary and sign the document in the notary’s presence)
- D. The manner in which in the notary verified the identity of the principal (unused verification should be marked through by notary)
 - 1. Through personal knowledge of the principal or
 - 2. By evidence of a current document issued by a federal, state, or federal or state-recognized tribal government agency that has the individual’s photo and signature or a physical description of the person).
 - 2a The document that was used to identify the person (such as a NC Driver’s License).
 - 3. The name of a credible witness (an impartial person known to the notary) who swears or affirms the identity of the principal. (To be used only if the principal is not known to the notary and if the principal does not have verification of his/her identity.)
- E. The notary should mark out the verification that was not used.
- F. Signature of the notary (must exactly match the name in the seal & must be by hand & in ink)
- G. Sharp, legible, permanent, and *photographically reproducible* image of the official seal (NCGS 10B-24)
- I. Printed name of the notary (must exactly match the name in the seal & may be typed or printed)
- H. The date the notarial act was performed
- I. The date the notary’s commission expires

NC State

Wake County

Sworn to (or affirmed) and subscribed before me this day by Janie Applicant. ~~[I have personal knowledge of the identity of the principal(s)]~~ [I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a(n) NC DRIVER'S LICENSE ~~[a credible witness has sworn to the identity of the principal(s)]~~.]

James Q. Notary
Notary Public Signature

James Q. Notary
Notary Public
Wake County, NC

James Q. Notary
Notary Public Printed Name

12/31/2005
Date

My Commission Expires 02/12/2009