### ACCEPTANCE OF EXAMINATION

- 1. If you passed the CPA examination in Illinois, the Department will automatically receive verification of your Illinois CPA certificate from the Illinois Board of Examiners (IBOE).
- 2. If you passed the CPA examination in another state, the Department must receive verification of your CPA certificate from the other state showing that you possess qualifications substantially equivalent to Illinois. Contact the state where you hold a CPA certificate and have an official statement verifying the requirements you met to receive the CPA certificate in that state sent directly to the Department.
- 3. The Certification by Licensing Agency / Board (CT) must be completed by each jurisdiction in which you have been licensed.
- 4. The Verification of Employment / Experience (VE-PAE) must be completed by your supervisor to document at least one year of full-time experience providing any type of service or advice involving the use of accounting, audit, management advisory, financial advisory, tax, or consulting skills, or other attestation engagements which may be gained through employment in government, industry, academia, or public practice. The experience must have been gained after completing the education requirements for licensure.
  - The term "year" shall be 12 months with an average of at least 20 work days per month during which you were engaged in full-time employment equal to 1500 hours or more annually. If you worked part-time for more than one year, but less than four years, and gains 2000 hours of experience, you have met the equivalent of "one year of full-time experience". Verification of the experience shall be completed and signed by your designated supervisor or the authorized agent of your employer.
- 5. If your CPA certificate was issued more than 4 years prior to applying for licensure, you must complete the Public Accounting CPE reporting form (PA-RF) documenting not less than 90 hours of verifiable CPE, including 4 hours covering the subject of professional ethics within the 3 years immediately preceding the application for licensure.
  - \*\* <u>Verifiable</u> CPE is objectively confirmed by a CPE sponsor, including, but not limited to, attending, developing, teaching or presenting CPE.
- 6. The <u>Affidavit Social Security Number</u> must be completed by those applicants who will never reside or work in the United States.
- 7. Fee payment amount is indicated on the Reference Sheet, Chart I. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
- 8. Forward four-page application, supporting documentation, and fee payment to:

Illinois Department of Financial and Professional Regulation ATTN: Division of Professional Regulation P. O. Box 7007
Springfield, Illinois 62791

### REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

### CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

PROFESSION NAME	PROFESSION CODE	LICENSURE METHOD	APPLICATION FEE
Licensed Certified Public Accountant	065	Acceptance of Examination	\$120.00
Licensed Certified Public Accountant	065	Endorsement of License	\$120.00
Licensed Certified Public Accountant	065	Restoration	See Supporting Document RS

### CHART II - EXAMINATION CODES AND FEES.

NOT APPLICABLE FOR PUBLIC ACCOUNTANTS ENTER N/A IN PART VII a) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION

#### **CHART III - EXAMINATION DATES AND LOCATION**

NOT APPLICABLE FOR PUBLIC ACCOUNTANTS ENTER N/A IN PART VII b) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION

### CHART IV - SCHOOL CODES

NOT APPLICABLE FOR PUBLIC ACCOUNTANTS ENTER N/A IN PART VII c) OF APPLICATION FOR LICENSURE AND/OR EXAMINATION

### \* \*\*\*\*REQUEST FOR ASSISTANCE \*\*\*\*\*

If assistance is needed, direct your request to one of the following telephone numbers:

1-800-560-6420

TTY - 1-866-325-4949

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

## APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/ or Examination in Illinois:

- 1. Four page APPLICATION FOR LICENSURE and /or EXAMINATION.
- INSTRUCTION SHEET, which gives step by step application instructions for your profession.
- REFERENCE SHEET, which gives detailed coding information for your profession.
- SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
- If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. FEES ARE NOT REFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information	<b>n</b> ' kanjara propinsi di				
A. Check the box if you are a military service Section, is an active duty member of the United States Guard of any state, commonwealth, or territory of the before application." The following will be considered por Proof of Service document from the Servicemember identified by name; Official Notification of Change of Amanding officer verifying change of assignment and the	s Armed Forces or any in United States or the Dis roof of you or your spour it's electronic personnel assignment with your ma	reserve component of the United S strict of Columbia or whose active of use's active military status: DD214, portal. Proof for Spouses: Military arriage license, a certified DD1172	itates Armed Forces, the Coasi duty service concluded within the Letter of Service signed by Ur Permanent Change of Station	t Guard, or the National he preceding 2 years hit Commanding Officer, Orders with the spouse	
B. SEE REFERENCE SHEET, CHART I, OR IN:	STRUCTIONS PRIOR	TO COMPLETING ITEMS 1 TH	ROUGH 4		
1. PROFESSION NAME	2. PROFESSION (			4. FEE <b>\$</b>	
C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION  This is the first time I have made application for this profession in Illinois.  I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.  I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.					
PART II: Applicant Identifying Informa Division of Professional Reg file this application in order t	ulation and/or Con	tinental Testing Service in	ncial and Professional I writing, of any address	Regulation - changes after you	
1. NAME LAST FIRST N	AIDDLE 2	2. TITLE (e.g., M.D., D.D.S., etc	.) 3. UNITED STATES SO	OCIAL SECURITY NO.	
4. PERMANENT MAILING ADDRESS STREE	ET CITY ST	ATE/COUNTRY	ZIP CODE	COUNTY	
5. BUSINESS ADDRESS STREET		TATE/COUNTRY	ZIP CODE	COUNTY	
6. MAIDEN, GIVEN SURNAME, OR ANY NAM DOCUMENTS WILL BE SUBMITTED. (SEE			7. MOTHER'S MAIDEN	NAME	
8. PLACE OF BIRTH CITY STATE/COU		9. DATE OF BIRTH/ Month Day	/	0.AGE Female Male	
11. TELEPHONE NUMBER WHERE YOU MAY  Work: ( )	BE REACHED Home: ( Fax: (	(Area Code) (Area Code) (Area Code)		E <b>QUIRED</b> AIL ADDRESS	

IL486-1019 12/19 (LT)

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 1 of 4

PART III: Education Information							
1. PRELIMINARY EDUCATION (Elementary	and High School or G.E.D. Circle number of ve	ears completed)					
1 2 3 4 5 6 7 8 9 10 11	Graduated	Receive					
1234307631011	High School? Yes No	OR G.E	.D.? □Yes	No			
NAME OF LAST PRELIMINARY SCHOOL ATTENDED							
	(only and older)	<u> </u>	Month /	Year —			
5. COLLEGE OR UNIVERSITY (Circle numb		· ·					
1 2 3 4 5 6 7 8	Graduated?	∐No					
(Undersonalizate and Oradizate)			TENDANCE	TYPE OF DEGREE EARNED			
(Ondergraduate and Graduate)	(City and State or Country)	FROM Month/Year	TO Month/Year	DEGREE EARNED			
		WORLD TEAL	WOTH FIELD				
	77-14-14-14-14-14-14-14-14-14-14-14-14-14-			1			
7. SPECIALIZED TRAINING (Residency, Pro	fessional Training, Vocational Training, Practic LOCATION		ing) ATTENDANCE	Did You Complete			
INSTITUTION NAME	(City and State or Country)	FROM	TO	Training?			
		Month/Year	Month/Year	□ Vos □ No			
			<u> </u>	☐ Yes ☐ No			
				☐ Yes ☐ No			
				Yes No			
				☐ Yes ☐ No			
	A A A A A A A A A A A A A A A A A A A						
				Yes No			
				☐ Yes ☐ No			

PART IV: Record of Licensure Informative
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If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

#### PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)
		Warmen I	
			10011
(If additional space is neede	ed, attach a separate si	neet.)	

4/01/24/54 X	I: Personal History Information (This part must be completed by all applicants)	YES	NO
details stateme the offe	but been convicted of or pled guilty or noto contendere to any criminal offense in any state or in federal court? Please do not give on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a personal ent describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of ense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not result in denial of licensure.		
2. Have ye	ou been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.		
3. If yes, h	nave you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		
any disc alcohol	now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including ease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) or other substance abuse; (3) physical disease or condition? If yes, attach a detailed statement, including an explanation whether you are currently under treatment.		
	ou been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit ned in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		
-	ou ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach led explanation.		
PART \	VII: Child Support and Tax Information (Every applicant is required by law to respond to the fol questions)	lowin	3
Social with a	cordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applications for renewal of a license or a new license shall include the application of perjury, that he or she is not more than 30 days delinquent in concluding support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licenth of court.	nplying	
	bu more than 30 days definquent in complying with a child support order?  E: If you are not subject to a child support order, answer "no.")	No [	
	ordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing	Act	
pay a	nistered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed retur ny final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, unt is the requirement of any such tax Act is satisfied."	n, or to	
pay ai time a	ny final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, unt is the requirement of any such tax Act is satisfied."	n, or to	
pay a time a Are yo	ny final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, unt is the requirement of any such tax Act is satisfied."  Du delinquent in the filing of state taxes?  Yes	n, or to il such	
pay al time a Are yo PART V Under pe	ny final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, unt is the requirement of any such tax Act is satisfied."  Du delinquent in the filing of state taxes?  Yes	n, or to il such No	] ie
pay al time a Are yo PART V Under pe	ny final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, unto its the requirement of any such tax Act is satisfied."  Ou delinquent in the filling of state taxes?  Yes  Ill: Certifying Statement  Enalties of perjury, I declare that I have examined the application and all supporting documents submittee.	n, or to il such No	ne

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

### VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

**VE-PAE** 

verification. You may for verification of ex the use of accountin	/ be requested to fi perience during wi ig, attest, manager	urther document such expe hich you provided any type ment advisory, financial ad	employer for completion of the rience. This form is to be used of service or advice involving visory, tax or consulting skills academia, or public practice.
1. NAME LAST FIRST	MIDDLE	2. DATE OF BIRTH  / /  Month Day Year	3. SOCIAL SECURITY NUMBER
4. ADDRESS STREET, CITY, STATE, ZIP CO	DE .		ND THREE DIGIT PROFESSION CODE
6. MAIDEN OR GIVEN SURNAME	A CONTRACTOR OF THE PROPERTY O	Certified Public	
7. Have you been granted a Certified Pr Yes ☐ No ☐	ublic Accountant Ce		
If "Yes," record certificate number			// Month Day Year
EMPLOYER: Complete the remaind was obtained.  PART I EMPLOYER INFORMATION  A. NAME AND ADDRESS OF EMPLOYER	ler of this form. Fo	B. NAME OF SUPERVISOR	employer where work experience
C. SUPERVISOR'S POSITION OR TITLE HEL	D		1,000
PART II APPLICANT EMPLOYMENT INFORM	ATION		
A. NUMBER OF HOURS B. TYPE OF E WORKED PER WEEK		C. DATES OF EMPLOYMENT From / / / Month Day Ye	NT To//
	INDUSTRY PUBLIC PRACTICE	E. APPLICANT'S POSITION	OR TITLE HELD
F. GIVE A GENERAL DESCRIPTION OF WO REFERENCED IN SECTION 1420.10 OF T (If additional space is required, use the reverse	RK PERFORMED BY THE RULES FOR THE side of this form.)	ADMINISTRATION OF THE ILLIN	IOIS PUBLIC ACCOUNTING ACT.
I do hereby declare that the information the above recorded employee informations.	ation.	s irue anu correct and, that i a	an authorized to verify and release
Signature and Tit	le		Date

### PLEASE TYPE OR PRINT

## AFFIDAVIT SOCIAL SECURITY NUMBER

APPLICANTS who state they cannot obtain a social security number mo	ust complete this form.
1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH
	// Month Day Year
3. ADDRESS STREET, CITY, STATE, ZIP CODE	, many to the second se
4. NAME OF PROFESSION Record profession name for which you are making application.	5. MAIDEN OR GIVEN SURNAME
Profession	
Disclosure of your U.S. social security number, if you have one, is mandated Statutes, 100/10-65 to obtain a license. The social security number may Public Aid to identify persons who are more than 30 days delinquent into the Illinois Department of Revenue to identify persons who have fail interest shown in a filed return, or to pay any final assessment or tax per administered by the Illinois Department of Revenue, or to other entities advised your professional licensure act may also require disclosure of y I hereby certify that I do not have a social security number because	the provided to the Illinois Department of a complying with a child support order, or ed to file a tax return, pay tax, penalty or nalty or interest as required by any tax Act for verification of identification. Please be
I understand that in the event I obtain a social security number, I have Professional Regulation, in writing, with the social security number withi in disciplinary action against my license.	
Under penalty of perjury, I hereby declare that the above information is t	rue and correct.
Signature	Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

### CERTIFICATION BY LICENSING AGENCY / BOARD

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SUPPORTING DOCUMENT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

you are requesting certification by a licens appropriate fee. You are authorized to pho	sing agency/board. Contact certifying jurisdiction for otocopy this form as necessary.				
1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH 3. SOCIAL SECURITY NUMBER				
	Month Day Year				
4. ADDRESS STREET, CITY, STATE, ZIP CODE	REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.				
	Profession Name Profession Code				
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime)				
	Area Code ()				
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FOR- WARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)  8c. ISSUANCE DATE OF LICENSE (If applicable)				
I hereby authorizeName of Licensing Agency or Box	to furnish to the Illinois Department of				
Financial and Professional Regulation or its designated testing					
Signature	Date				
PART I - CERTIFICATION OF EXAMINATION STATUS  A. The applicant ☐ has written ☐ is scheduled to wr	-				
Name of Examination  B. The applicant has or will have written the above-named examination	Date of Examination amination number of times.				
PART II - CERTIFICATION OF LICENSURE					
A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER				
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE				
E. LICENSURE METHOD  Examination (Administered in Your State)  National (Name)  State Constructed  Other (Name)  Endorsement of License (State)  Acceptance of Examination Results  (Administered in Another State)					
F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES				
☐ Active ☐ Inactive ☐ Lapsed ☐ Other (Explain)	Type of Examination Score Written Practical Other (Describe) Received no Grade Below				
	Examination Period days hours				

	Scaled Score	e Raw Score				
	Standard Deviation	ard Deviation Corrected Score _				
	National Mean			Percent Score		
2.	SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE
٠.	State Constructed Examir	nation DATE	SCORE II	SUBJECT	DATE	COORE
	SUBJECT	DATE	SCURE	SUBJECT	DATE	SCORE
			***************************************			
ŀ						
₹. 3.	Have there ever been any record including but not li surrender, restriction or li	y formal sanctions mited to fine, repr mitation? (If yes,	s imposed agair rimand, probatio	nmenced against the applinst the applinst the applicant as a mattern, censure, revocation, sued copy of disciplinary a	er of public uspension,	] Yes
	V - RECIPROCAL REGISTR s state ☐ does ☐ d		the same privil	ege of reciprocal registrati	on to Illinois reals	strants.
ce				ct according to the official		
S E		Print Name		-		
_		Title			Signature	
	Ą	gency/Board Street A	ddress	Area Code (	Date )	
		City, State, ZIP Co			ephone Number	

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# PUBLIC ACCOUNTING CONTINUING PROFESSIONAL EDUCATION REPORTING FORM

PA-RF

boing process						
NAME		_	LICENSE NUMBER	1		
			06	i5 =		·
ADDRESS	STREET, CITY, STATE, ZIP C	:ODE	l			
) tage		002				1
<del></del>			***************************************		***************************************	· · · · · · · · · · · · · · · · · · ·
See Reve	rse side of form for INSTRUCTIONS.	You are	authorized to p	_ hotocopy this f	_ form if additior	nal space is
	EACH form must bear an original sig					
D-4-(a)	N of Shannon		1			Qualifying Hours
Date(s)	Name of Sponsor			Title of Program		Claimed
1. IN-FIRM CO	OURSES					
			<u> </u>			
				<del></del>		
<del></del>			<u> </u>			-
			+			
2. OTHER PR	ROGRAMS ATTENDED (WITH REGISTERED	SPONSOF	₹S ONLY - See Item	2 on Reverse Side	e)	
						<u> </u>
		!				<b></b>
			-	<del>/</del>		
			<del>                                     </del>			
3. CORRESPO	ONDENCE OR INDIVIDUAL STUDY PROGRA	AMS OR I	NTERACTIVE SELF-	-STUDY		
		······································				
4 BURLISHE	D ARTICLES, BOOKS, ETC.	!			!	
4. PUDLIGITAL	Title of Publication		1	Subjects Covered		1
	Tido of Laborator.		Sabjects Covered			
5. TEACHER,	INSTRUCTOR, LECTURER, OR DISCUSSIO					
	Name of Sponsor or College/Universit	.y '	Course Title/Subject			
			<u> </u>			
<u> </u>						
6 LINIVERSIT	Y OR COLLEGE COURSE					
0. Univ.		T		Semester Hours	Quarter Hours	1
	University/College		Course	Semester Hours Awarded	Quarter Hours Awarded	1
		<u> </u>				
				TOTAL CF	PE HOURS	
Under pen	alties of perjury, I declare I have examin	ned this f	form and all suppo	orting documents	s submitted by r	me in con-
	erewith, and to the best of my knowledg					
	Classition					
Signature Da				Date		