Total Transfer of CPA Examination Credit Form
INTERSTATE EXCHANGE OF CPA EXAMINATION INFORMATION

Illinois Board of Examiners

Mailing Address: 100 Trade Centre Drive Suite 403 ● Champaign IL 61820-7233
Phone (217) 531-0950 ● Fax (217) 531-0960 E-mail: help@ilboa.org ● Web: http://www.ilboa.org

▸ ▸ SECTION A ◂ ◂

Instructions: Complete Section A only. Forward this form to the Board of Accountancy in the state in which you passed the examination but for which you do not hold a CPA certificate. Request that the State Board complete Sections B and C and that they return it to the Illinois Board of Examiners to the address above. There may be a fee for this grade certification. Check with the state board or NASBA before mailing.

Name _____
First Middle Family/Last Previous name(s)

Current mailing address _____
Street or P.O. Box City State/Province/Country Zip/Postal Code

Date of Birth _____ U.S. Social Security number (Optional) _____

Date(s) of previous exam sitting(s) (month and year): _____

I am applying to Illinois to transfer total CPA examination credit to Illinois. This is my authorization for you to furnish the Illinois Board of Examiners with the information requested below which is needed to process my application.

_____ _____
Signature of Applicant Date

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Sections B and C are to be completed by the Board of Accountancy from where you are transferring your grades.
The Board of Accountancy should return the completed form to the Illinois Board of Examiners at the address listed above. ▸ ▸ SECTION B ◂ ◂

The applicant has not been issued a certificate by this board because the following requirements have not been met

❑ Pass uniform CPA examination ❑ Pass ethics examination
❑ Experience ❑ Pay appropriate fees and/or post bond
❑ Residence ❑ Other (please specify)

▶ ▶ SECTION C ◀ ◀

Verification of Examination Credits

The following are grades awarded on the uniform CPA examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this board. Please explain below if any grades were changed or if an exam other than the Uniform CPA exam was used.

Please list all grades, include failing grades, recorded for the applicant.

Date of Examination (Month/day/year)	AICPA ID Number or CBT Section ID number	AUD (AUDIT)	BEC (LPR)	FAR (FARE)	REG (ARE)

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

_____
Name of State Board

BOARD SEAL

_____
Signature of Board Representative (do not use rubber stamp)

_____
Title

_____
Date

Comments or explanations of information provided: