

**TRANSFER OF CPA EXAM CREDIT (FORM TC) (GENERIC)  
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    ● TTY (217) 531-0934    ●WEB: [www.ilboa.org](http://www.ilboa.org)    ● E-MAIL: help@ilboa.org

Please check the category that applies to you:

- First-time candidate** (never taken the uniform CPA exam **AND** never applied for the computerized exam)  
 **First time candidate** check if you have had a transcript evaluation done. File number \_\_\_\_\_
- Re-examination candidate** [As an Illinois candidate you have: 1) taken the paper & pencil CPA exam **OR** 2) applied for the CBT exam **OR** 3) taken at least one section of the CBT exam]
- Candidate who has taken the exam as a candidate in another jurisdiction** but not yet as an Illinois candidate
- Successful candidate applying for TOTAL TRANSFER of CREDIT from another jurisdiction to Illinois.**
- Certificate/license holder from another jurisdiction applying for a RECIPROCAL certificate in Illinois.**

▶ ▶ SECTION A ◀ ◀

Complete Section A only and forward this form to the Board of Accountancy in the state in which you hold a valid unrevoked CPA certificate, or if no certificate is held, to the jurisdiction in which you wrote the Uniform CPA Examination. Request that the State Board complete Sections B through E on pages 5 and 6 and that they return it to the Illinois Board of Examiners at the address above. There may be a fee for this score certification. Check with the state board before mailing.

A complete list of state board contact information is at [www.nasba.org](http://www.nasba.org). Click on CPA Exam, Jurisdiction Map.

Name \_\_\_\_\_  
First Middle Family/Last Previous name(s)

Mailing address \_\_\_\_\_  
Street or P.O. Box City State/Province/Country Zip/Postal Code

Date of Birth \_\_\_\_\_ U.S. Social Security number (opt.) \_\_\_\_\_

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

This is my authorization for you to furnish the Illinois Board of Examiners with a complete record of my exam scores. I have been issued a CPA certificate from your jurisdiction: Yes  No

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

▶ ▶ SECTION B ◀ ◀

**Sections B through E are to be completed by the Board of Accountancy from where you are transferring your scores or certificate.**

Complete for applicants who have received certificates:

- The applicant:
- was issued certificate number \_\_\_\_\_ on \_\_\_\_\_
  - has successfully practiced public accounting 5 of the last 10 years. Has not been disciplined by this board.
  - The certificate is in good standing (valid and unrevoked) and expires on \_\_\_\_\_

▶ ▶ SECTION C ◀ ◀

The applicant:

- has not been issued a certificate by this board because the following requirements have not been met:

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

