

ALASKA

FIRST-TIME APPLICATION FOR THE UNIFORM CPA EXAMINATION

PART 1- APPLICANT INFORMATION

Social Security Number: _____ - _____ - _____ Date of Birth: _____
MM/DD/YYYY

First Name: _____ M. I.: _____ Last Name: _____
(Must exactly match the name on your identification)

Maiden/Previous Name: _____ Suffix: _____ Mother's Maiden Name: _____

Title (select one) Mr. Ms. Mrs. Miss Gender* (optional) Male Female
 Prefer Not to Answer

Ethnicity* (optional) select all that apply:

African-American American Indian, Eskimo Asian, Pacific Islander
 Hispanic or Latino Caucasian Other
 Prefer Not to Answer

PART 2 - CONTACT INFORMATION

Residence Address: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Province: _____ Country: _____

Daytime Telephone Number: (_____) _____ Fax Number: _____

Email Address: _____

Contact preference (select one): Email Fax Mail

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Province: _____ Country: _____

Telephone Number: (_____) _____ Fax Number: _____

PART 3 - EXAM INFORMATION (Select section(s) to be taken)

Application Fee	\$150.00
<input type="checkbox"/> Auditing and Attestation - (AUD)	\$195.35
<input type="checkbox"/> Business Environment & Concepts - (BEC)	\$176.25
<input type="checkbox"/> Financial Accounting & Reporting - (FAR)	\$195.35
<input type="checkbox"/> Regulation - (REG)	\$176.25

Add the Application fee and each section you selected to be taken. Enter the total amount to be paid here: \$ _____.

Certified check, personal check or money order should be made payable to "CPA Examination Services."

Applicants are advised to only apply for a section of the examination if they are ready to take it within the next **six** months.

PART 4 - EXAM REQUIREMENTS

1. Is this the first time you are applying for the Uniform CPA Examination in Alaska? YES NO
 If NO, indicate the most recent date on which you took the examination. _____
MONTH/YEAR

 2. Have you ever taken the Uniform CPA Examination in any other state? YES NO If YES, what state? _____

 3. Are you transferring credit from that state? YES NO If YES, you are required to submit the Alaska Authorization for Interstate Exchange of Score Information form to the state jurisdiction from which the original credit was earned. The form must be received within 10 days of receipt of the First-time application. The form is available on our website.

 4. Have you ever been denied permission to take the Uniform CPA Examination for a reason other than not meeting the educational requirements? YES NO

 5. Have you ever passed the entire CPA examination in this state or any other state? YES NO If YES, what state? _____

 6. Have you ever been licensed as a CPA in this state or any other state? YES NO If YES, what state? _____

 7. Have you ever been convicted of any criminal offense under the laws of any state or of the United States? YES NO

 8. Have you ever had your right to practice before any state or federal agency suspended or revoked? YES NO
- If you answered YES to questions 4, 7 or 8, attach detailed information and a copy of legal documentation including, if applicable, the location and date of arrest, the exact nature of the charge, the sentence imposed, and a full explanation of the circumstances surrounding the incident. Include docket/case number, court name, and city and county of jurisdiction.
9. Do you require examination modification according to the Americans with Disabilities Act? YES NO
 If YES, you are required to submit the ADA Modification Form, along with supporting documentation, when submitting the First-time Application. The form is available on our website.

 10. I give CPA Examination Services permission to release my name and address to CPA Review Course providers, firms and other organizations. YES NO

PART 5 - EDUCATION: See information sheet for educational requirements.

Name of Academic Institution City, State, Country	Dates Enrolled	Degree (Major & Minor)	Date of Degree (Month/Year)

ATTESTATION:

- Under penalty of perjury, I certify that I am of good moral character and to the truth and accuracy of all statements, answers and representations made in the foregoing application, and in all supplementary statements and materials.
- I attest that I have reviewed the educational requirements for the State of Alaska and believe that I meet those requirements as stated therein. I understand that all educational and experience requirements must be met to receive a CPA certificate. I also agree to appear in person, if requested, at a time and place determined by the Board or to furnish additional information for the purpose of aiding the Board in the determination of my qualifications.
- I confirm that I have read the Information for Applicants and the Candidate Bulletin. I agree that in the event my examination(s) results are unable to be scored, any claim I may have will be limited to the examination fee paid by me.
- I authorize the Board to use my Social Security Number for identification purposes in record keeping; information exchanges with state agencies (Alaska and other states), federal agencies, and other data sources; and when performing criminal history checks and other background investigations that may be required to verify all information I have provided on this application. I understand that discovery of false information in this application or of relevant criminal history may result in denial of my application.

Signature of Applicant

Date

NOTE: Your responses to the background questions* will be kept strictly confidential. The information will be used in the aggregate only for important research regarding the exam.

Mailing Address: CPA Examination Services-AK, PO Box 198469, Nashville, TN 37219

OPTIONAL QUESTIONS

1. Indicate your undergraduate major:

<input type="checkbox"/> Social Science	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business: Finance
<input type="checkbox"/> Science	<input type="checkbox"/> Medicine/Nursing/Pharmacy	<input type="checkbox"/> Business: Marketing
<input type="checkbox"/> Engineering/Mathematics	<input type="checkbox"/> Consumer Science/Human Ecology	<input type="checkbox"/> Other Business
<input type="checkbox"/> Humanities	<input type="checkbox"/> Economics	<input type="checkbox"/> Other
<input type="checkbox"/> Education	<input type="checkbox"/> Business: Accounting	

2. Indicate the total number of graduate and undergraduate semester credits you have earned (or expect to earn) in all subjects.

Less than 120
 120- 130
 150-160
 160 +

3. When did you decide to study accounting? (select one)

<input type="checkbox"/> In high school	<input type="checkbox"/> Lower division college	<input type="checkbox"/> Upper division college
<input type="checkbox"/> After undergraduate degree	<input type="checkbox"/> Other	

4. Indicate the total number of semester hours in accounting you have earned (or expect to earn). (Exclude business law.)
 _____ hours

5. Of the semester hour total in accounting, how many hours were earned in community college? _____ hours

6. Indicate your overall undergraduate grade point average (GPA): _____.

7. Indicate your grade point average (GPA) in accounting-related courses: _____.

8. Indicate the date you completed your last accounting course: _____ Month _____ Year

9. How much work experience do you have in accounting or accounting related field(s)? _____ Years _____ Months

10. Indicate with an "X", by type of course, any supplementary study you undertook in the last six months to prepare for each of the sections.

	College Sponsored (Non-credit course)	Review Course (privately operated)	Firm-Sponsored (given by employer)	Other
AUD	_____	_____	_____	_____
BEC	_____	_____	_____	_____
FAR	_____	_____	_____	_____
REG	_____	_____	_____	_____