ALASKA

Re-examination Registration Invoice for the Uniform CPA Examination

This Form is to be completed only by candidates who have been notified by CPA Examination Services that they are eligible to sit for the Uniform CPA Examination, and have previously applied with CPA Examination Services. Please complete the Invoice and submit along with the appropriate fees.

PART 1- Candidate 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: _____

_____
CITY STATE ZIPCODE/POSTAL CODE

_____
PROVINCE COUNTRY

Primary Telephone Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

Contact preference (select one): ___Email ___Fax ___Mail

Business Name: _____

Business Address: _____

_____
CITY STATE ZIPCODE/POSTAL CODE

_____
PROVINCE COUNTRY

PART 3 – Examination Information (select section(s) to be taken)

Registration Fee: 4 exam sections - $110.00 3 exam sections (any combination) - $95.00
2 exam sections (any combination) - $80.00 1 exam section - $65.00

____Auditing and Attestation - (AUD)	$195.35
____Business Environment & Concepts - (BEC)	$176.25
____Financial Accounting & Reporting - (FAR)	$195.35
____Regulation - (REG)	$176.25

Add the Registration fee and each section(s) 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 – Examination Requirements

1. Since the last time you applied, are you transferring credit from another state? ___YES ___NO If YES, what state? _____
   If YES, you are required to submit the Alaska Score Transfer Authorization form to the jurisdiction from which the original credit was earned. The form must be received within 10 days of receipt of the Re-examination Invoice. The form is available on our website.

2. Since the last time you applied, have you been denied permission to take the Uniform CPA Examination for any reason?
   ___YES ___NO

3. Since the last time you applied, have you passed the entire CPA examination in this state or any other state?
   ___YES ___NO If YES, what state? _____

4. Since the last time you applied, have you been licensed as a CPA in this state or any other state? ___YES ___NO
   If YES, what state? _____

5. Since the last time you applied, have you been convicted of any criminal offense under the laws of any jurisdiction or of the United States? ____ YES ____ NO

6. Since the last time you applied, have you had your right to practice before any state or federal agency suspended or revoked?
   ___YES ___NO

If you answered YES to questions 2, 5 or 6, 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.

7. 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 Reexamination Invoice. The form is available on our website.

8. I give CPA Examination Services permission to release my name and address to CPA Review Course providers, firms and other organizations. ___YES ___NO

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 confirm that I have read the Information for Candidates 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 understand and agree that I will not divulge the nature or content of any examination question or answer to any individual or entity; I will report to the Board any solicitations or disclosures to which I become aware; I will not remove, or attempt to remove, any examination materials from the examination room.
- Failure to comply with this attestation may result in my examination score(s) being invalidated, disqualification from future Uniform CPA Examinations, and facing possible civil and criminal penalties.

_____ _____

Candidate Signature Date

MAIL TO: CPA Examination Services - AK, PO BOX 198469, Nashville, TN 37219.

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.

OPTIONAL QUESTIONS

1. Indicate your undergraduate major:

☐ Social Science	☐ Agriculture	☐ Business: Finance
☐ Science	☐ Medicine/Nursing/Pharmacy	☐ Business: Marketing
☐ Engineering/Mathematics	☐ Consumer Science/Human Ecology	☐ Other Business
☐ Humanities	☐ Economics	☐ Other
☐ Education	☐ Business: Accounting	

2. Indicate the <u>total</u> 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)

☐ In high school	☐ Lower division college	☐ Upper division college
☐ After undergraduate degree	☐ 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				