



NJ Licensing  
P.O Box 198589  
Nashville, TN 37219  
e-mail: njlicense@nasba.org

**Application for Academic Credential Evaluation  
To obtain CPA Certification in New Jersey  
by New Jersey Exam, Transfer of Grades or  
Reciprocity**

Enclosed is a Money Order, Certified Check or Credit Card (Personal checks are unacceptable) payable to **NASBA Licensing Services**.

I have attached **ALL OFFICIAL TRANSCRIPT(s) and/or ECE EVALUATION OF FOREIGN EDUCATION in SEALED ENVELOPES** sent to me directly from my educational institutions.

**EXAM (\$65)**       **TRANSFER (\$75)**       **RECIPROCITY (\$75)**

Please print all information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

A bachelor's degree and conferral date must be clearly shown on at least one transcript. (List all schools attended and submit all transcripts. Use the back of the sheet if necessary)

**MY OFFICIAL TRANSCRIPTS ARE INCLUDED IN SEALED ENVELOPES FROM THE FOLLOWING SCHOOLS.**

Name of College	Location	Degree Earned	Year

**Special note to CPAs seeking Reciprocity:**

This form must be completed by all CPAs whose certificates were received from one of the following jurisdictions: **California, Colorado, Delaware, Florida, Guam, Minnesota, New Hampshire, New York, Oklahoma, Pennsylvania, Puerto Rico, Virgin Islands, Virginia, and Vermont.** CPAs from any other United States jurisdictions do not need academic credential evaluations in order to obtain a reciprocal certificate in New Jersey. Questions regarding other requirements for a reciprocal certificate in New Jersey should be addressed to **The New Jersey State Board of Accountancy, P.O. Box 45000, Newark, NJ 07101. Telephone (973) 504-6380 Fax (973) 648-2855**

**Credit Card Payment Form**

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Fees are non-refundable and non-transferable**

Authorized Payment Amount:             Exam (\$65)  
    Transfer/Reciprocity (\$75)

Please Check One:             Visa             MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application Package.**

*Note: This document will be shredded after it has been processed*