

CPA Examination Services

a division of the National Association of State Boards of Accountancy

NEW YORK STATE Registered Program Form

This form should be used to certify a candidate's completion of a licensure qualifying accounting program registered by the New York State Education Department or accredited by the AACSB. Please do not submit this form until all grade information has been posted to the student's record.*

1) To be completed by the Candidate and forwarded to the academic institution with any required fee:

Candidate Name _____ Social Security No. _____ - _____ - _____
First Middle Last

Previous/Maiden Name (if applicable) _____ Date of Birth ___/___/___

Institution Attended: _____ Month/Day/Year

Dates of Attendance: From: _____ to: _____

2) To be completed by the registrar of the college the candidate completed the qualified program:

I certify that the candidate identified above has completed the registered licensure qualifying program in accounting and completed his/her degree requirements and was awarded the degree of

_____ on _____ Concentration _____
Name of Degree Date

If NYSED registered program also complete...

_____ and _____ check one: 120 hour program
Program Title Program Number 150 hour program

I certify that the information provided is true and correct according to our records.

_____ Date	_____ Signature of Registrar
	_____ Name (Type or Print)
	_____ Title or position
	_____ Institution
	_____ Address
	_____ Telephone Number

SCHOOL SEAL

*This form must be attached with an official transcript and forwarded from the academic institution DIRECTLY to:

New York Coordinator, CPA Examination Services, P.O. Box 198469, Nashville, TN 37219-8529
(800) CPA-EXAM (615)880-4250