

STATE BOARD OF ACCOUNTANCY

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STATE BOARD OF ACCOUNTANCY
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HARRISBURG, PA 17105

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STATE BOARD OF ACCOUNTANCY
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HARRISBURG, PA 17110

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WEB www.dos.state.pa.us/account

CERTIFIED PUBLIC ACCOUNTANT – FOREIGN RECIPROcity APPLICATION

INITIAL LICENSURE - \$65.00 NON-REFUNDABLE APPLICATION FEE.

U.S. Check or money order only, made payable to the "Commonwealth of Pennsylvania."

There is a \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

Applications expire 1-year after receipt at the Board Office. Applicant must file new application with fee after 1-year.

Complete application in blue or black ink only-NO TYPEWRITTEN FORMS ACCEPTED.

NOTE: Only individuals who hold the following certification/designation may apply for foreign reciprocity in Pennsylvania:

Chartered Accountant (CA) in New Zealand (NZICA)
Chartered Accountant (CA) in Ireland (ICAI)
Chartered Accountant (CA) in Canada (CICA)
Contador Público Certificado (CPC) in Mexico (IMCP)
Chartered Accountant (CA) in Australia (ICAA)
Certified Public Accountant (CPA) in Hong Kong (HKICPA)

SECTION 1:

APPLICANT NAME		
BUSINESS NAME		
BUSINESS ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
BUSINESS TELEPHONE NUMBER		
EMAIL ADDRESS:		
Would you like us to communicate with you regarding this application via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2:

HOME ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
HOME TELEPHONE NUMBER		
SOCIAL SECURITY NUMBER		
BIRTH DATE		

SECTION 3: List the date you passed the International Qualification Examination (IQEX) and the country in which you passed. Applicants must hold a certificate in Canada, Australia, Ireland, Mexico, New Zealand or Hong Kong. Refer to Section 5.1 of the CPA Law. See NASBA's website for further information regarding the IQEX: www.nasba.org and click on Exams. NOTE: Applicant is responsible for requesting certification of their IQEX Examination to be sent directly to the Pennsylvania State Board of Accountancy from the testing company (NASBA).

DATE	COUNTRY

SECTION 4: The following questions must be answered:

If you answered "yes" to questions 2, 3 or 4, provide a certified copy of the record with this application.

	YES	NO
1. Do you hold a certificate/license to practice this profession in any other state or jurisdiction? List all the foreign jurisdictions/countries in which you are certified/licensed or have applied for a certificate/license to practice public accounting in Section 5 below.		
2. Have you had any disciplinary action instituted or taken against your certificate/license in any state or jurisdiction? <input type="checkbox"/> Check here if action was taken in PA-Certified copies not required		
3. Have you withdrawn an application for a certificate/license, had an application for a certificate/license denied or refused, or agreed not to reapply for a certificate/license in any state or jurisdiction?		
4. Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

SECTION 5: List the foreign designation certificate/license number, foreign jurisdiction/country in which you are certified/licensed or have applied for certification/licensure to practice public accounting, the date your certificate/license was originally issued and the date your certificate/license expires. NOTE: Certificate/License must be active and cannot have been revoked or suspended and the credential must allow the certificate/license holder to issue reports and financial statements.

CERTIFICATE/LICENSE NUMBER	JURISDICTION/COUNTRY	ISSUE DATE	EXPIRATION DATE

SOCIAL SECURITY ACT CERTIFICATION

This licensing board is obligated to inform each applicant or licensee from whom it requests a Social Security number on any application or form that disclosing such number is mandatory in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), this licensing board must provide to DPW information prescribed by DPW about the licensee, including the Social Security number.

In the event that this licensing board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association. This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should you be disciplined by this licensing board, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

Signature

Date