Instructions For Candidates Seeking Certification By Transfer Of Grades

Individuals who passed the Uniform CPA Examination in a state other than New Jersey or who gained conditional credits in similar fashion are required to submit an original application to the NJ State Board.

1. Complete the cover form.

2. Complete all sections of the application form. Sign and date the form in the presence of a notary.

3. Forward the Application For Transfer of Uniform CPA Examination Grades to the state in which you passed all or part of the Uniform CPA Examination.

4. Academic Qualification: Create an account and submit the Academic Evaluation for Certification Report (AECR) application online at the following link: http://mycpalicense.org. Official transcripts must be mailed to the address provided upon payment for the AECR application. NASBA Licensing Services will review your transcripts and mail a letter to you with the results of the evaluation. Upon receipt, you are to forward the original letter to the NJ State Board of Accountancy.

5. Statement of Experience: You are required to provide the Board with proof of **all** employment since you received your Bachelor's Degree. The enclosed form is to be executed by **each** employer. The statement of experience must be filled out completely in the applicable sections, signed by an officer or partner of the firm (**not by personnel**), and must be notarized. Each statement of experience must be accompanied by a letter of transmittal (i.e., a cover letter on company letterhead referencing the enclosed form).

6. Complete the Request for Criminal History Record Information form as follows: Fill in **only** your legal name, address (including zip code), date of birth, sex, race, and social security number. Enter your signature and date next to the X on the last line at the bottom of the form.

7. Enclose a notarized statement with your application citing the reason you did not attain certification in the state in which you passed all of the Uniform CPA Examination.

8. Enclose a check or money order in the amount of $75.00 payable to the New Jersey State Board of Accountancy. **Note: Application fees are not refundable.** Once your application has been approved, you will be sent a billing for the cost of an initial license.

9. Return the completed application package in a flat envelope (**do not fold papers**) to:

New Jersey State Board of Accountancy
P.O. Box 45000
124 Halsey Street, 6th Floor
Newark, NJ 07101
(973) 504-6380

Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months. A photo is required with each application. Do not use staples to attach the photo. Put your signature across the bottom of the photograph. Do not obscure your features.

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, P.O. Box 45000
Newark, New Jersey 07101
(973) 504-6380

Put a check mark in the box next to the way you intend to apply for licensure in New Jersey.

- ☐ Exam (fee goes to C.P.A. Exam Services)
- ☐ Endorsement ($175.00) (The applicant holds a license issued by a board in another jurisdiction.)
- ☐ Transfer of grades from another jurisriction. ($75.00) (The applicant is not licensed as of yet.)

Application for Licensure as a Certified Public Accountant

Date of birth: _____ Date : _____

A nonrefundable application filing fee (see box above to the right) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last name First name Middle initial Maiden name

2. Address

   ☐ Home: _____
   Street or P.O. Box City State ZIP code County

   _____ _____
   Telephone number (include area code) E-mail address

   ☐ Business/Practice address: _____
   Name of company Telephone number (include area code)

   _____
   Street City State ZIP code County

   ☐ Mailing: _____
   Street or P.O. Box City State ZIP code County

Please provide your e-mail address or your home or business fax number. _____

3. Social Security Number

If you were issued a Social Security Number or an Individual Taxpayer Identification Number, you must provide it to the Board or Committee. Failure to do so may result in denial of licensure/certification/reinstatement/reactivation.

* Social Security Number: _____ - _____ - _____

* Individual Taxpayer Identification Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain this information. Pursuant to these authorities, the Board or Committee is also obligated to provide this information to:

(For healthcare-related boards, the following a, b and c entries apply. For boards not related to healthcare, only the a and b entries apply.)

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are an American citizen, please enclose a copy of your birth certificate or U.S. passport. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support **(You must answer a, b, c and d.)**

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a through d may result in denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

"Ability to practice as a certified public accountant" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a certified public accountant, and to learn and keep abreast of professional developments; and

b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform the duties of a certified public accountant, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**?
☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

_____ Signature of applicant

_____ Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Have you previously applied for a license or certificate as a certified public accountant in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
    If "Yes," when and where? _____

11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please proivde that name. _____
    Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

12. Have you ever been disciplined or denied a certified public accountant's license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Have you ever been named as a defendant in any litigation related to the practice of accounting or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of accounting or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended?_____
Name of high school

_____
Street address City State ZIP code

2. What years did you attend high school? _____

3. Did you graduate from high school? ☐ Yes ☐ No

If "Yes," what was the date of your graduation? _____

If "No," did you study to receive a G.E.D. certificate? ☐ Yes ☐ No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

_____
Name of educational institution

_____
Street address City State ZIP code

Date certificate was issued: _____
Month Day Year

4. What is the name and address of the colleges or universities you have attended?

_____
Name of college or university

_____
Street address City State ZIP code

_____
Name of college or university

_____
Street address City State ZIP code

_____
Name of college or university

_____
Street address City State ZIP code

_____
Name of college or university

_____
Street address City State ZIP code

5. List all of the degrees that you have received from recognized colleges or universities.

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted

Experience

Please list the experience you have acquired. Provide the information about your current (or most recent) employment first.

(1) Employer _____

Address _____
Street address City State ZIP code

Telephone number _____
(include area code)

Title of your position _____ Hours per week _____

Your major responsibilities (use additional sheets of paper if necessary) _____

_____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title _____

(2) Employer _____

Address _____
Street address City State ZIP code

Telephone number _____
(include area code)

Title of your position _____ Hours per week _____

Your major responsibilities (use additional sheets of paper if necessary) _____

_____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title _____

(3) Employer _____

Address _____
Street address City State ZIP code

Telephone number _____
(include area code)

Title of your position _____ Hours per week _____

Your major responsibilities (use additional sheets of paper if necessary) _____

_____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title _____

(4) Employer _____

Address _____
Street address City State ZIP code

Telephone number _____
(include area code)

Title of your position _____ Hours per week _____

Your major responsibilities (use additional sheets of paper if necessary) _____

_____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } ss.

I, _____ , in making this application to the New Jersey State Board of Accountancy for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Accountancy, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:2B-42 et seq., together with the Rules and Regulations of the New Jersey State Board of Accountancy, N.J.A.C. 13:29-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix seal here

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, Newark, NJ 07102
Phone Number: (973) 504-6380

1. I am a (an):

_____ CPA examination successful candidate

_____ Applicant for endorsement, certified in the state of _____

2. Name (legal) to appear on my certificate/license:

_____

3. Current home address:

_____
Street County

_____
City State Zip

4. Home telephone number: (_____) _____-_____

5. Business telephone number: (_____) _____-_____

6. Email Address _____

7. Signature of applicant: _____

8. Date: _____

9. List of all employment:

_____

_____

_____

_____

_____

_____

Important - All employment must be supported by a statement of experience.

NEW JERSEY STATE BOARD OF ACCOUNTANCY
P.O. BOX 45000
NEWARK, NJ 07101
(973)504-6380

APPLICATION FOR TRANSFER OF UNIFORM CPA EXAMINATION GRADES

This form is essential to the application you are filing with the Board. Before your application will be considered for approval, certain information must be verified by the Board of Accountancy where your examination credit was earned. Please complete the information below and forward the form to the Board of Accountancy in the state in which you originally received credit. The Board, in turn, will complete the back of this form and return it to the New Jersey State Board of Accountancy. You are advised to check with that Board before forwarding this form to determine if there are additional fees charged before such information will be released.

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly)

(Mr., Mrs., Ms.) _____

First Name | Middle Name | Last Name | Maiden Name

_____

Current Mailing Address | City | State | Zip Code

_____ _____

Telephone Number | Social Security Number

To complete the application for New Jersey, I hereby request the _____ (Board in which you obtained credit) Board of Accountancy to provide all pertinent information requested in this form to the New Jersey State Board of Accountancy. I agree that the Board may confirm the grade(s) issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

_____ _____

Signature | Date

VERIFICATION OF EXAMINATION

All grades including failing grades earned on the Uniform CPA Examination by this applicant, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board, are listed below:

DATE OF EXAMINATION	CANDIDATE ID#	AUDIT (Auditing)	LPR (Law)	FARE (Theory)	ARE (Practice)

1. Subjects with which candidate has credit: _____

2. Date credits/grades expire: _____

This information provided above is correct to the best of my knowledge. We do / do not recommend acceptance of these grades.

_____
Board / Agency

BOARD SEAL

_____
Signature

_____
Title

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, Newark, NJ 07102
Phone Number: (973) 504-6380

Instructions to Employers

The enclosed statement of experience has been designed to simplify evaluation of a certified public accountant (CPA) candidate's experience in public accounting, industry or government.

Please complete this form carefully. To the best of your ability, please indicate in the appropriate column the percentage of the time spent by the candidate in any applicable area. The percentage column in each section ***must total 100%***.

In addition, feel free to use additional sheets to list or relate any other experience which may not have been covered on the form.

The Board thanks you for your cooperation in its efforts to ensure that candidates for certification meet the statutory requirements to practice as a CPA in the State of New Jersey.

Note

A letter of transmittal, on company letterhead, must accompany each statement of experience.

Enclosures

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th floor, P.O. Box 45000
Newark, New Jersey 07101
(973) 504-6380

Statement of Experience

This form is to be completed by the candidate's employer and mailed directly to the board at the address given above.

Is the applicant applying: (check one) ☐ By Examination ☐ By Reciprocity

Full name of applicant _____
First Middle Last

Address _____
Street City State ZIP code

Experience Record: N.J.S.A. 45:2B-51 sets forth the general criteria for fulfilling the experience requirements. Board regulations require that experience must be obtained either through regular full-time employment, or part-time experience acquired within two consecutive years and in no fewer hours than the number of hours required for full-time experience. All experience must be earned after acquiring a baccalaureate degree.

Name of employer: _____

Period of Employment

From	To	Approximate number of hours per week
_____ (month/day/year)	_____ (month/day/year)	_____
_____ (month/day/year)	_____ (month/day/year)	_____
_____ (month/day/year)	_____ (month/day/year)	_____

Applicant's job classification while in your employment

From	To	Job classification
_____ (month/year)	_____ (month/year)	_____
_____ (month/year)	_____ (month/year)	_____
_____ (month/year)	_____ (month/year)	_____

Is the applicant related to you? ☐ Yes ☐ No (If "Yes," explain the relationship.)

_____

Check each of the following items in the appropriate box, and also give the approximate percentage of time the applicant spent in each category (i.e., auditing & accounting, tax services, etc.). Experience obtained by the applicant must demonstrate intensive, diversified application of accounting and auditing principles and procedures.

I. Public Accounting Experience

	% of time	Do Not Write in this column
A. Auditing & Accounting		
☐ Review and testing of internal accounting controls	_____	_____
☐ Verification of accounts receivable	_____	_____
☐ Review of inventory procedures and verification of physical inventory	_____	_____
☐ Testing inventory valuation and pricing	_____	_____
☐ Review of client bank reconciliations	_____	_____
☐ Testing fixed asset cost and depreciation	_____	_____
☐ Testing prepaid, intangible and deferred charges	_____	_____
☐ Review and verification of accounts payable and accruals	_____	_____
☐ Search for unrecorded liabilities	_____	_____
☐ Analysis and verification of changes in equity accounts or fund balances	_____	_____
☐ Application of analytical review procedures	_____	_____
☐ Testing of revenue and purchases cut-off	_____	_____
☐ Review of significant subsequent events	_____	_____
☐ Review of pertinent legal documents	_____	_____
☐ Design and use of computer audit tools	_____	_____
☐ Compilation of financial statements	_____	_____
☐ Review of financial statements	_____	_____
☐ Drafting of financial statements	_____	_____
Subtotal	_____ %	_____
B. Tax Services		
☐ Preparation of tax returns	_____	_____
☐ Review of financial statement tax provisions and tax accruals	_____	_____
☐ Research in tax law, tax planning for clients	_____	_____
Subtotal	_____ %	_____
C. Management Services		
☐ Design and installation of accounting cost and other computer systems	_____	_____
☐ Other management advisory services	_____	_____
Subtotal	_____ %	_____
D. Bookkeeping Services		
☐ Maintaining the books of original entry	_____	_____
☐ Preparation of payroll tax returns	_____	_____
☐ Posting to general and subsidiary ledgers	_____	_____
Subtotal	_____ %	_____
E. Other Services		
☐ Attach detailed description of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

II. Experience other than in public accounting

A. Private Industry	% of time	Do Not Write in this column
Internal Audit Department—check appropriate boxes below		
☐ Review and testing of internal accounting controls	_____	_____
☐ Verification of accounts receivable	_____	_____
☐ Review of inventory procedures and verification of physical inventory	_____	_____
☐ Testing inventory valuation and pricing	_____	_____
☐ Review of company bank reconciliations	_____	_____
☐ Testing fixed asset cost and depreciation	_____	_____
☐ Testing prepaid, intangible and deferred charges	_____	_____
☐ Review and verification of accounts payable and accruals	_____	_____
☐ Search for unrecorded liabilities	_____	_____
☐ Analysis and verification of changes in equity accounts or fund balances	_____	_____
☐ Application of analytical review procedures	_____	_____
☐ Testing of revenue and purchases cut-off	_____	_____
☐ Review of significant subsequent events	_____	_____
☐ Review of pertinent legal documents	_____	_____
☐ Design and use of computer audit tools	_____	_____
☐ Preparation of financial statements in accordance with GAAP	_____	_____
☐ Preparation of financial plans, budget or projections in accordance with GAAP	_____	_____
☐ Preparation of trial balances, adjusting journal entries and analysis of accounts	_____	_____
☐ Taking and evaluating physical inventories	_____	_____
☐ Maintaining books of original entry, including general and subsidiary ledgers	_____	_____
☐ Preparation of payroll tax returns	_____	_____
☐ Preparation of income tax returns	_____	_____
☐ Other—attach detailed explanation of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

B. Government (complete grade level information on page 4)		
☐ General accounting, including preparation of trial balances, analyses of accounts and preparation of financial statements	_____	_____
Employment with a government auditor's office or internal auditing unit which includes:		
☐ Application of auditing procedures and techniques in accordance with general accepted auditing standards	_____	_____
☐ Experience in the preparation of audit work-papers	_____	_____
☐ Experience in developing audit programs and procedures	_____	_____
☐ Field auditor for state tax returns	_____	_____
☐ Other—attach detailed explanation of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

C. Internal Revenue Service (complete grade level information on page 4)		
☐ Employment as field agent	_____	_____
☐ Other—attach detailed explanation of work performed	_____	_____
Percentage column must total 100%	_____ %	_____

Please indicate the following information for government or Internal Revenue Service experience:

Grade Level	Months employed at this level
_____	_____
_____	_____
_____	_____
_____	_____

Certification of Employment

Employers: Submit this statement of experience with a letter of transmittal on company or firm stationery. You may include any additional material not covered by this form, which describes other qualifying experience or supplements information on the form.

I certify under penalty of perjury under the laws of the State of New Jersey that the above-named applicant:

(a) has been employed by me or my firm for the periods indicated herein, and

(b) in the course of such employment has obtained the experience as indicated above.

Name _____ Title _____

Company _____ Telephone number _____
(include area code)

Business address _____

Accounting license number _____ State of issuance _____

_____ _____
Signature Date

Sworn and subscribed to before me this

_____ day of _____, _____.

_____ _____
Name of Notary Public Signature of Notary Public

My commission expires _____

County _____ State _____

AFFIX
SEAL
HERE

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION (SBI)

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

Division of Consumer Affairs
NJ State Board of Accountancy
PO Box 45000
Newark, NJ 07102

ASSIGNED IDENTIFIER (ORI Number)

REQUESTING AGENCY USE ONLY

NAME (Including Maiden Name)

(Last Name) (Maiden Name) (First Name) (Middle)

SBI NUMBER (If Known)

ADDRESS

(Number) (Street) (City) (State)

FBI NUMBER (If Known)

DOB	SEX	RACE	SOCIAL SECURITY NUMBER
(Month) (Day) (Year)			

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

N.J.S.A. 45:1-21

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code. Local Ordinance, or Resolution.)

Khaled Madin, Acting Executive Director

Type or Print Name of Authorized Person Making Request

Signature of Authorized Person Making Request

AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to NJ BOARD OF ACCOUNTANCY.

(Insert name of agency you authorize to receive this information.)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is **voluntary**. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

X

Signature of Applicant Date