

State of Wyoming  
Board of Certified Public Accountants



325 West 18th Street, Ste 4  
Cheyenne, WY 82002  
Ph: (307) 777-7551  
<http://cpaboard.state.wy.us>

# EXAMINATION

# APPLICATION

Board ID: \_\_\_\_\_

- Refer to the Exam Candidate Information & Application Instructions and Examination Fees documents for specific requirements applicable to this application. **Please be sure to submit a copy of your valid ID with this application to [wycpaboard@wyo.gov](mailto:wycpaboard@wyo.gov).**
- The completed and signed application, proof of identity, application fee, and **ALL official transcripts** must be received in the Board's office before this application will be processed. **Application fees are non-refundable.**
- Fees for all examination parts applied for must be submitted directly to NASBA after receipt of the Payment Coupon **before** an appointment to test for any one part can be scheduled. See <http://cpaboard.state.wy.us/fees> for more information.

## PERSONAL INFORMATION

Unless you elect to use your employer's address (see below), all correspondence will be sent to this address. **ALL FIELDS WITH \* MUST BE ANSWERED. Use the name that appears on your photo identification and submit a copy of the ID with this application.**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_  
\*Middle Name: \_\_\_\_\_ Maiden/Previous name: \_\_\_\_\_  
\*Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss \*Mother's Maiden Name: \_\_\_\_\_  
\*SSN: \_\_\_\_\_ (Required by W.S. 33-1-114) \*Date of Birth: \_\_\_\_\_  
\*Mailing Address: \_\_\_\_\_ Home Address (if different): \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Contact Phone: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_

Copy of ID Received (For Office Use Only) ☐

## EMPLOYER/BUSINESS INFORMATION (IF APPLICABLE)

Employer: \_\_\_\_\_  
Employer Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EXAM SECTIONS I AM APPLYING FOR:

All Wyoming candidates must pay for applied examination sections within six (6) months of the Authorization To Test (ATT) and must take scheduled examination sections within six (6) months of the date of the Notice to Schedule (NTS) issued by NASBA. Failure to do so will result in the expiration of the ATT or NTS and forfeiture of all fees paid.

☐ AUD ☐ BEC ☐ FAR ☐ REG ☐ All Sections

## APPLICATION QUESTIONS:

1. Do you have any impairments requiring special accommodations to take the examination? ☐ YES ☐ NO (If yes, please complete the required forms and submit them with this application—see instructions.)
2. I hereby authorize the Board to release personal information collected on this application to the National Association of State Boards of Accountancy (NASBA) the entity that administers the CPA Exam. ☐ YES ☐ NO (If no, please see instructions for more information).
3. Have you ever been convicted of a felony or any crime, an element of which, is dishonesty, fraud, or gross negligence?  
☐ YES ☐ NO (If yes, attach a factual description including date, court involved, disposition of case, and the name and address of the office in possession of the record of the event.)

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### UNIFORM CPA EXAMINATION HISTORY

**4. Regardless of the scores earned for any section, have you ever taken a Uniform CPA Examination in any state, other than Wyoming?** ☐ YES ☐ NO (continue to the Education Requirements section)

4a. If yes, you must complete the [Authorization for Interstate Exchange of Examination and Licensure Information](#) form and send it to the original jurisdiction to facilitate the transfer of exam scores to Wyoming. Score transfer forms must be received directly from the jurisdiction, not from the applicant. \*Some states do charge a fee to complete these forms. We recommend you contact the state board that will transfer the scores to inquire about applicable fees. Applications will remain pending until this completed form has been received at the Wyoming Board office.

4b. List the dates and states where the examination was taken, regardless of scores.

Exam Date	State	Scores Received (Office Use Only)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

### EDUCATION REQUIREMENTS

Applicants must have completed a baccalaureate degree including a minimum of 24 semester hours of various accounting courses and 24 semester hours of business courses conferred by a college or university acceptable to the board.

**ALL OFFICIAL TRANSCRIPTS MUST BE SUBMITTED DIRECTLY TO THE BOARD OFFICE BY THE COLLEGE OR UNIVERSITY.**

List all colleges or universities attended as indicated below:

Dates Attended	Educational Institution	Degree Granted & Date Granted	Accounting Hours	Business Hours	Transcript Received (Office Use Only)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

### AFFIRMATION

*I hereby certify that the statements made in this application are correct to the best of my knowledge and belief; I further certify that I am of good professional character and have never been convicted by any court or other body of a felony, except as disclosed above; that I will comply with the laws and Rules of the Wyoming Board of CPAs; that I have not suppressed any information which might have bearing upon this application; and that I have read and understand this affidavit. I acknowledge that I am aware that the Uniform CPA Examination is secure and that disclosure of any information concerning examination questions constitutes a violation of the Wyoming Board of CPAs Rules and may result in disqualification for further examination and/or certification.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_