

Kentucky State Board of Accountancy
332 W Broadway #310 • Louisville KY 40202
502-595-3037 • <http://cpa.ky.gov> • Email cpa@ky.gov

RE-EXAM APPLICATION FOR THE UNIFORM CPA EXAM

Mr. Ms. Name _____

The same form of your name must appear on your application, NTS and on the identification you present at the test center.

Previous Last Name (if changed from initial or prior re-exam application) _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ (MM/DD/YYYY) Phone # ____-____-____

Email _____ Your payment coupon and NTS will be sent via email from NASBA. Check here if you do not wish to receive payment coupon and NTS by email.

SELECT SECTION(S) TO BE TAKEN:

 \$30 Auditing and Attestation (AUD)

 \$30 Financial Accounting and Reporting (FAR)

 \$30 Regulation (REG)

 \$30 Business Environment and Concepts (BEC)

 Total Enclosed

Submit a check or money order payable to the **Kentucky State Board of Accountancy**.

Since the approval of your initial exam application, have you been convicted, pled guilty, entered an Alford plea or a plea of no contest to any state or federal felony or misdemeanor charge? Yes No If Yes, attach a copy of the Judgment, Sentence of Conviction, KY Administrative Office of the Courts Criminal Background Check form AOC-RU-004 or similar document from the state agency where the conviction was entered and a letter of explanation.

The Kentucky State Board of Accountancy complies with the Americans with Disabilities Act of 1990 and subsequent amendments. Do you require reasonable modifications to the administration of the exam because of a disability? Yes No If not previously submitted, please complete and submit the "Exam Applicant Special Accommodations Request Form".

Signature _____ Date _____