This application is to be used for Idaho re-exam applicants only. Be sure you have received the current form. RE-exam applications must be completed by applicants who:

- At their most recent sitting, took the Uniform CPA Examination as a candidate of Idaho.

Applicants who have previously taken the examination for other jurisdictions must complete an “Initial Application” form.

**APPLICATION FEES**

The Idaho State Board of Accountancy requires all re-exam candidates to pay a $50 application fee payable to the Idaho State Board of Accountancy. This fee will not be refunded. Include this fee when submitting your application.

The National Association of State Boards of Accountancy (NASBA) requires additional testing fee(s). Their fee information is located on our web site at [http://www.isba.idaho.gov/htm/cpaexam.htm#TestingFees](http://www.isba.idaho.gov/htm/cpaexam.htm#TestingFees)

You will be billed by NASBA for this fee after the Idaho State Board of Accountancy has issued your Authorization to Test. Testing fees are NOT refunded. There is no provision for withdrawing from the examination.

**MATERIALS TO BE SUBMITTED**

1. Completed and signed re-exam application;
2. $50 fee payable to the Idaho State Board of Accountancy;

**CANDIDATES WITH DISABILITIES**

In accordance with the provisions of the Americans with Disabilities Act, examination administration modifications are available for candidates who qualify. Such candidates must obtain an official modification form from the Idaho State Board of Accountancy. Upon receipt of your requested accommodations, it will be considered and you will be notified in writing of the Board's decision. Documentation of a disability and/or previous accommodations must be attached to the exam application. The Board will not pay any cost you incur in obtaining the required diagnosis and recommendation. Candidates must submit the official modification form each time they apply for the examination and require modifications. The completed form and documentation must be submitted and approved by the Idaho State Board before scheduling.

**AUTHORIZATION TO TEST/NOTICE TO SCHEDULE**

Once your eligibility to take the exam is determined, the Board will send an Authorization To Test (ATT) to the National Candidate Database (NCD) at NASBA. Candidates will be billed for the NASBA fee as shown above. Fees must be paid to NASBA within 3 months after the ATT is sent. After the fees are paid, NASBA will issue a Notice To Schedule (NTS). The NTS is sent to applicants via the contact preference indicated on the application form. Utilizing the NTS, candidates are required to contact Prometric for site location(s) and test times. For a list of the Prometric Testing Centers in Idaho, visit their web site at www.prometric.com. The Idaho State Board of Accountancy does not control space availability or locale of the testing centers.

You should apply for sections you anticipate taking during a 6 month period. NASBA will bill you for all sections that you indicate on your application, and issue an NTS for those sections after full payment. If you apply for sections you have attended that have not been scored, they will be deleted from your application.

If a candidate requires rescheduling to take the CPA examination, the candidate must contact Prometric. An eligible candidate has 6 months from the date of the NTS, to schedule and sit for the exam.

**EXAMINATION SECTIONS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditing and Attestation</td>
<td>4 hours</td>
</tr>
<tr>
<td>Financial Accounting and Reporting</td>
<td>4 hours</td>
</tr>
<tr>
<td>Regulation</td>
<td>4 hours</td>
</tr>
<tr>
<td>Business Environment and Concepts</td>
<td>4 hours</td>
</tr>
</tbody>
</table>

Candidates should plan to report to their assigned examination site 30 minutes before the start of each scheduled session. Detailed instructions concerning scheduling to test will be included on the Notice to Schedule (NTS).

**Credit For Subjects**

Upon implementation of a computer-based CPA Examination, a candidate may take the required test sections individually and in any order. Credit for any test section(s) passed shall be valid for eighteen (18) months from the actual date the candidate took that test section(s), without having to attain a minimum score on any failed test section(s) and without regard to whether the candidate has taken other test sections, provided that:

- Candidates must pass all four test sections of the CPA Examination within a rolling eighteen (18) month period, which begins on the date that the first test section(s) passed is taken;
- Candidates cannot retake a failed test section(s) in the same examination window; and
- Candidates who do not pass all four sections of the CPA Examination within the rolling eighteen (18) month period shall lose credit for any test section(s) passed outside the eighteen (18) month period and that test section(s) must be retaken.

**NON-DISCLOSED EXAMINATION**

The Uniform CPA Examination is a non-disclosed examination. This means that candidates cannot obtain copies of examination questions or of their own answer papers after the examination is administered. To protect the confidentiality of examination contents, candidates are required to acknowledge confidentiality statements at examination administrations in all locations.

January 2018
RE-EXAM APPLICATION
UNIFORM CPA EXAMINATION

APPLICATION FEE: $50
Make check or money order payable to the Idaho State Board of Accountancy. Fees will not be refunded or transferred to future examinations. Please read the “Information for Re-Exam Applicants” before completing this form.
NAME: Must exactly match the name on your ID

SSN: (LAST 4 DIGITS ONLY): __________

___________________________________ _____________________________ _________________________________ ______________________
FIRST MIDDLE LAST SUFFIX

MOTHERS’ MAIDEN NAME YOUR MAIDEN NAME/PREVIOUS LAST NAME

You should apply for sections you anticipate taking during a 6 month period. NASBA will bill you for ALL sections that you indicate below, and issue an NTS for those sections after full payment for ALL sections. DO NOT apply for sections that you currently have an open NTS for, or that you have attended and have not been scored – or that you currently have credit for as they will be deleted from your application.

SELECT SUBJECTS TO BE TAKEN:

- Auditing and Attestation (Audit)
- Business Environment & Concepts (BEC)
- Financial Accounting & Reporting (FAR)
- Regulation (REG)

How do you prefer to receive your Payment Coupon and Notice to Schedule from NASBA?

- Fax
- Home mailing
- E-mail

MAILING ADDRESS AND TELEPHONE: This should be the address and phone number at which you can be reached until examination scores are reported. Send any change in writing to the Idaho State Board of Accountancy.

IN CARE OF
ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE ZIP E-MAIL ADDRESS
HOME PHONE WORK PHONE CELL PHONE FAX

☐ Yes ☐ No Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor (including withheld judgments) not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.) If yes, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

CANDIDATES WITH DISABILITIES: Idaho State Board of Accountancy complies with the Americans with Disabilities Act. An official request must be submitted to the Board by any candidate requesting examination administration modifications. To obtain the appropriate form, please contact Sandy Bly at (208) 334-3584 or download the form at www.isba.idaho.gov.

APPLICANT SIGNATURE: I certify to the truth and accuracy of this application. I have read and understand the “Information For Re-Exam Applicants.” I understand my information will be provided to NASBA for administration of the Uniform CPA Examination.

Signature of Applicant: __________________________ Date: __________________________

Mail application materials to: Hand deliver applications to:
Idaho State Board of Accountancy Idaho State Board of Accountancy
Attn: Sandy Bly Attn: Sandy Bly
PO Box 83720 3101 W Main St Ste 210

For Office Use Only
Batch ____________________
Sequence ____________________ Date ____________________
Check # ____________________ Amount $__________