

**DBPR CPA 5001-1 CPA Examination**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399 - 0783**

**NOTE – This form must be submitted as  
part of an entire application packet.**

*If you have any questions or need assistance in completing this application, please contact the  
Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-  
1395.*

APPLICANT INFORMATION			
Social Security Number			
Last Name	First	Middle	Mother's maiden name

<b>NOTE:</b> Effective with the May 1996 examination, the examination will be closed (no longer available to the public) and the disclosure of information as to the contents of the examination may result in the invalidation of the candidate's examination scores, the prohibition of a candidate from taking the examination for some period of time, or civil and criminal penalties.
Prior to 2004, all four parts of the CPA examination must have been taken at a time. In order to receive credit for the parts passed, the candidate must pass at least two parts with a score of 75 or more and a score of least 50 on the remaining parts. <b>Check parts for which you will be sitting:</b> <input type="checkbox"/> Auditing <input type="checkbox"/> Financial Accounting & Reporting <input type="checkbox"/> Business Environment <input type="checkbox"/> Accounting & Reporting
List all states and dates where you have previously sat for the CPA examination. Please send Authorization for Interstate Exchange of Examination and Licensure Information form each State(s)
Have you ever been denied the right to sit for the CPA exam? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, attach a separate statement giving full details.
List names and addresses of each college or university attended. Institution                      Location                      Dates Attended                      Graduate?                      Degree
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_____
_____
_____
_____
Once approved as a Florida candidate how would you like to receive your notice to schedule from NASBA: <input type="checkbox"/> Fax <input type="checkbox"/> email <input type="checkbox"/> mail
Will you need special accommodations due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please attach details.