

# International Institute of Certified Professional Accountants®



## ICPA® and ICPA PROFESSIONAL® Application Form For Completed Uniform U.S. CPA Examination Finalists 2017-2018 Pilot Project. — All fields are mandatory — Updated 2018-01-25

Please fill-in this form and (1) email it to us at [secretary \[at\] iicpa.com](mailto:secretary@iicpa.com) as a scanned attachment along with the (2) notification of results of your Uniform US CPA Examination(s), and (3) a recent C.V. (resume).  
PLEASE PRINT IN CAPITAL LETTERS.

**Full name** (first name, middle name, family name) as will be shown on the certificate issued by IICPA:

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Date of birth: \_\_\_\_\_ Citizenship \_\_\_\_\_

Email addresses: \_\_\_\_\_

Telephone (country code - and number) \_\_\_\_\_

Postal address: \_\_\_\_\_

Academic degree(s):

Name(s) of college(s)/university(ies), date(s) awarded (eg., BA – UCLA, Los Angeles, Calif., 30 June 2008)

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Uniform US CPA Examination(s) date(s) and Results for each of the four sections and combined:

Example: AUD 70 April 2016; BEC 75 April 2016, FAR 77 Oct 2015, REG 80 Oct. 2015. Combined: 302

### Solemn Affirmation and Consent:

- I attest that the information provided herein is true and correct.
- I agree that the information provided by me may be audited by the Institute and, if found to be false and misleading, may result in revocation without recourse of my credentials and certificate awarded/issued by the Institute.
- I further agree to abide by the decisions of the Institute at its sole discretion without recourse as to the disposition of my application(s).
- **Code of Professional Conduct:** I further attest that I have read the Institute's Code of Professional Conduct (as adopted from the International Institute of Certified Public Accountants Incorporated in the State of Delaware) and, if awarded the Institute's credentials, I agree to abide by, and to comply with, the said Code of Professional Conduct *mutatis mutandis*. I agree that the Code of Professional Conduct may be amended by the Institute from time to time.
- I further agree that professional misconduct may result in revocation of my credentials and cancellation of the certificate awarded/issued by the Institute.
- I consent to the publication, electronic or otherwise, of a list by the Institute of its credentialed and certified persons and their country of work or residence or citizenship including myself; but without my physical/postal or email addresses unless specifically requested or authorized by me.
- **One-time prepaid fee for the lifetime ICPA®, ICPA Professional® International Certified Professional Accountant®** award(s), certificate(s) and license(s): I accept that the Institute's **one-time** non-refundable prepaid fee for the life-time award(s), license(s) and certificate(s) amount to US\$1,450, which will be billed to and paid by me upon approval of this application, and before the issuance and delivery to me of the lifetime award(s), license(s) and certificate(s).

Place and date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature