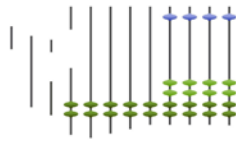


**Authorization for Exchange of
Professional Accounting Credential
Information for International Reciprocity**



Board of Accountancy
WASHINGTON STATE

CONTACT INFORMATION *(To be completed by applicant)*

Your Full Name: _____ Previous Name(s): _____
(Last, First, Middle, Suffix)

Mailing Address *(Street, City, State or Province, Zip code, and Country):*

_____ Daytime Phone Number: (_____) _____

_____ Email: _____

_____ Date of Birth *(month, day, year):* _____

REQUEST AND AUTHORIZATION *(To be completed by applicant)*

I hereby request and authorize the _____ (credentialing authority, for example, provincial Institute of Chartered Accountants) to provide all information requested on this form to the **Washington State Board of Accountancy**.

Signature _____ Date _____

VERIFICATION OF FOREIGN PROFESSIONAL ACCOUNTING CREDENTIAL *(To be completed by credentialing authority)*

Credential description:

Name of organization issuing professional accounting credential _____

Name of credential granted _____

Basis of admission or certification:

1. By examination _____
Examination Name _____ Date _____

2. By affiliation _____
Province/Country of original credential _____

3. Other _____

Date this credential was first issued to applicant (or the applicant was admitted to membership in your organization, if no formal credential is awarded) _____

Identification or index number, if any, your organization uses to identify applicant _____

Date credential of certificate lapses or expires _____

Is the applicant currently entitled to use the credential? YES NO

If NO, please explain (include additional sheets if necessary)

PROFESSIONAL ACCOUNTING EXPERIENCE *(To be completed by credentialing authority)*

Please identify the type and amount (in years) of experience this applicant demonstrated in obtaining the professional credential listed (or if your organization does not maintain detailed experience records, please identify the minimum experience your organization required at the time the applicant obtained the right to use the credential).

INVESTIGATION AND DISCIPLINE *(To be completed by credentialing authority)*

Does your organization have any disciplinary actions or investigations pending with respect to this applicant? YES NO

If YES, please list allegations, findings to date, and discipline (include additional sheets if necessary). If your organization's rules do not permit disclosure, please state so.

Has your organization taken any disciplinary actions against this applicant within the last ten years? YES NO

If YES, please list all specific allegations, your organization's findings, and any discipline imposed with respect to each allegation (include additional sheets if necessary). If your organization's rules do not permit disclosure, please state so.

Is the applicant's practice license restricted? YES NO

If YES, please provide details (include additional sheets if necessary).

CREDENTIALING AUTHORITY CERTIFICATION

- I certify that I am duly authorized by this organization's governance to complete this document on the organization's behalf.
- I certify that this organization extends reciprocal credentialing to U.S. CPAs in accordance with international treaties, agreements, or accords.
- I certify that the information provided on this application is true and accurate.

Official Seal

Signature _____
Printed Name _____
Title _____
Telephone Number _____
Date _____

Applicant: Mail to: Your credentialing authority
Credentialing Authority: Mail to: PO Box 9131, Olympia, WA 98507

Phone: (360) 753-2586

THE BOARD ADVISES YOU TO KEEP COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW.
The information you submit to the Board may ultimately be subject to disclosure as a public record.