

CANDIDATE INFORMATION

So that we may continue to meet the needs of candidates and credential holders, ACAT collects the following information. This data will be aggregated and will not be used in identifying you, nor will it have any effect on your grade for the Comprehensive Exam.

FOR STUDENTS ONLY

If you are currently pursuing a degree in an accounting, tax, or finance-related subject, please complete the following.

I am currently pursuing a(n): associate degree bachelors degree masters degree

at: _____
School name

City, State

Anticipated graduation date

My college does / does not (circle one) conduct coursework to prepare students for the Comprehensive Exam.

The name of the course is: _____ The name of my Instructor is: _____

The highest degree I have earned to date is a(n):

high school diploma associate degree bachelor degree masters degree

Institutions attended: _____

Credentials held: _____

HOW DID YOU LEARN ABOUT THE EXAM?

I heard about the Comprehensive Examination from:

Instructor/Professor Colleague NSA State professional society Internet

Other (please specify): _____

PROFESSIONAL CREDENTIAL SERVICES / ACAT

P.O. Box 198689 • Nashville, TN 37219 • 877.887.9727 • Fax: 615.846.0153 • Email: acat@pcshq.com

AFFIRMATION, DECLARATION AND SIGNATURE

I hereby apply for candidacy for Accreditation in Accountancy and/or Accredited Tax Preparer. By my signature below, I affirm that the information provided on this registration form is true and correct to the best of my knowledge. I understand that my candidacy and eventual status as a credential holder may be affected by my failure to provide complete and accurate information of a material nature. As a condition of being awarded the right to use the credential mark (Accredited Business Accountant®, Accredited Business Advisor®, or Accredited Tax Preparer® as is appropriate to my state), I declare under penalty of perjury that the information contained in this application is true and correct. I further declare that:

1. I have not been convicted (nor entered a plea of nolo contendere) of any criminal offense under the revenue laws of the United States, or of any offense involving dishonesty, or breach of trust under Federal or state laws. Moreover, I have not been the subject of discipline with regard to my professional conduct by either Federal or state regulatory authorities, nor am I currently the subject of an investigation of my professional conduct. If there is any exception to the foregoing, I have described the facts in detail on a separate attachment to this form.
2. I understand that along with authorization to use the mark, I will read and understand the ACAT Code of Ethics and agree to adhere to the provisions of the Code as they exist and as they may be amended from time to time. I will also agree to adhere to the provisions of the guidelines in the Guide for Use of the Credentials as they presently exist and as they may be amended from time to time.
3. I understand that to maintain my accredited status I must submit verification of continuing education every three years. I agree to maintain my accreditation by submitting 120 hours of CPE (ABA) or 72 hours of CPE (ATP) every three years as required.
4. I agree to be subject to the policies and procedures of ACAT and will follow those Federal and/or state regulations that may be applicable.
5. I further understand and agree that ACAT has the absolute and unrestricted right to revoke my right to use the mark if it finds, in accordance with policies and procedures as adopted and amended from time to time, that I have failed to comply with the agreements that I have made in this Declaration.
6. The contents of this examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of the examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination.
7. I agree that in the event my examination data/score is lost, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I also understand that fees are non-refundable and non-transferable.

STOP! If you have questions concerning the Comprehensive Examination, registration, or accreditation in general, please contact the ACAT national office before signing this registration form. Before you sign this form, make sure you have filled it out completely, including appropriate payment information.

Signature of Candidate

Date

EXAMINATION LOCATIONS/SPECIAL ACCOMMODATIONS

Once you have registered for the exam, you will be told how to schedule a time and location for your test. Beginning with this exam, all tests will be administered via computer at a testing site.

Please check ONLY if you are requesting special accommodations. You must also complete the Special Accommodations Request Form found at www.pcshq.com.

Complete the form and return it to PCS with written documentation from a proper authority as proof of the disability and verifying the need for the special accommodation requested.

Please keep a copy of this registration for your records.

PROFESSIONAL CREDENTIAL SERVICES / ACAT
P.O. Box 198689 • Nashville, TN 37219 • 877.887.9727 • Fax: 615.846.0153 • Email: acat@pcshq.com

ACAT Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below

- Certified Check *(Please record your First and Last Name on the check)*
- Money Order
- Credit Card

Authorized payment amount: \$ _____ Please check one: Visa MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: _____ / _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Registration Form