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Application for examination for full membership in the National Association of Certified Public Accountants

National Association of Certified Public Accountants

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J. R. Hutchison
President

E. Long
Treasurer

C. P. Timmons
Secretary

NATIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

(Incorporated—District of Columbia)

Application for Examination for Full Membership in the National Association of Certified Public Accountants

Name

(To be typewritten or printed)

Street Address

City or Town

Age Height

Weight Health

Color Nationality

Attach photograph.

(Applicants must not write below this line)

Examination Held

Date of Examination

Conducted by

CERTIFICATE OF BOARD OF EXAMINERS

.....
.....
.....
.....

..... Chairman

..... Secretary

Pre-requisites of Applicants

Applicant must be of good moral character; never have been convicted of a felony; never have been declared by a court of competent jurisdiction to have committed a fraud; must furnish good character certificate, have the equivalent of a high school education, have thorough knowledge of the principles and practice of accountancy and the analysis of financial statements, and have had sufficient experience to demonstrate his or her practical ability to apply the principles of accountancy to business.

History of Applicant

Name.....

Place of birth.....

Date of birth.....

Certificate as to Character

This is to certify that the undersigned is personally acquainted with, and that to my knowledge he has never been convicted of a felony, nor declared by any court of competent jurisdiction to have committed a fraud. I know him to be of good moral character. I recommend him as entirely worthy to become a member of the National Association of Certified Public Accountants should he meet the prescribed requirements of your Association.

Signature.....

Business.....

Address.....

Signature.....

Business.....

Address.....

Signature.....

Business.....

Address.....

(Applicant must see that name and address is plainly written)

General Information

What schools have you attended? (Give name and address.) How long were you in each, of which are you a graduate, and what degrees do you hold? Attach schedule.

Under what State are you a C. P. A.?.....

Chartered Accountant.....Licensed Accountant.....

or hold accountancy degrees.....

Attach schedule giving full particulars.

List, in chronological order, your business engagements, stating: By whom employed; in what capacity; in what business; duration of each engagement. If proprietor, so state and refer to clients. Attach schedule.

Post Office.....

Date.....

National Association of
Certified Public Accountants,
Franklin National Bank Bldg.,
Washington, D. C.

I hereby request to be registered for entrance, under clause (.....),
or to an examination to be held at.....

on.....to determine my knowledge of and
experience in the science of professional accounting. If, as a result of such
examination, I am found possessed of the requisite knowledge, experience,
and proficiency, and am so duly qualified by your Board of Examiners, and
approved by the Board of Governors of the Association, I ask that I be admit-
ted as a Full Member of the Association. Membership fee of \$25.00 payable
to the Treasurer, is herewith attached.

I further state that the information given in this application is true and cor-
rect to the best of my knowledge and belief.

Signed.....

Sworn to and subscribed before me this.....day
of....., 19.....

Notary Public in and for.....

My commission expires.....

Applicants who have the knowledge, training and experience specified in one or more of the following groups, and who are duly qualified by the Board of Examiners of this Association, may, in the discretion of the Board of Governors, be admitted into full membership, without further examination.

(a) Holders of certified public accountants' or chartered accountants' certificate who have actually taken the written examinations under the laws of the State or Territory under which the said certificate was issued.

(b) Holders of certified public accountants' or chartered accountants' certificate admitted under the waiver clause; or licensed accountants; or holders of accountancy degrees or the equivalent thereof, who have had three years' experience as a professional accountant, the last year of which must have been the year next preceding the date of this application.

(c) Teaching experience of three years or more in a recognized school in a course of not less than two scholastic years in higher accountancy preparing pupils for the examination for certified public accountants or business administration, the last year of which must have been the year next preceding the date of this application.

(d) Applicants who have satisfactorily passed the U. S. Government Inter-departmental examination known as examination C or senior auditor (highest grade), and have had one year or more experience as auditor, for the U. S. Government.

(e) Applicants who have passed the U. S. Civil Service Commission examination for senior auditors or grade three auditors (highest grade), and have had two years or more experience as an auditor.

Oral Examination: Applicants may be required to report either in Washington, D. C., or elsewhere, for oral examination to determine their personal characteristics and address, tact, judgment, adaptability, and general fitness for the performance of duties as professional auditors. An applicant who fails to pass the oral examination will not be eligible for full membership.