

EXPERIENCE REQUIREMENT

I have _____ year(s) of experience in accounting, taxation, financial services, or a related area. Up to two years may be fulfilled with college credit.

Please note: In addition to passing the Comprehensive Exam, candidates must have three years of verifiable work experience in accounting, taxation, financial services, or a related area. Up to two years may be fulfilled with college credit. Individuals may sit for the Comprehensive Exam *before* meeting the experience requirement. The credential will be awarded to you when you notify ACAT that you have completed the experience requirement.

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 PRACTITIONERS

If you are currently practicing in the fields of accounting, taxation, and/or financial services, please complete the following.

My practice includes the following (*check all that apply*):

accounting taxation financial services other (please specify): _____

FOR EMPLOYEES

If you are currently employed in the fields of accounting, taxation, and/or financial services, please complete the following.

My duties include the following (*check all that apply*):

A/P or A/R bookkeeping/accounting data processing payroll taxation other

FOR STUDENTS

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: _____

FOR ALL

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): _____

EXAMINATION LOCATIONS/SPECIAL ACCOMMODATIONS

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.

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), 90 hours of CPE (ATA), or 72 hours of CPE (ATP or ARA) 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.

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.

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



Please keep a copy of this registration for your records.

MAIL TO:

PROFESSIONAL CREDENTIAL SERVICES (PCS)

P.O. Box 198689 Nashville, TN 37219-8689

www.pcshq.com (toll-free) 877.887.9727 Fax: 615.846.0153 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 Application/Scheduling Form



ACCREDITATION COUNCIL FOR ACCOUNTANCY AND TAXATION

APPLICATION GUIDELINES

EXAM LOCATIONS

All tests for the ABA, ATA, and ATP will be administered via computer at more than 500 **PSI** testing locations in the U.S. Information on how to schedule a time and location for your test will be provided with your Authorization to Test letter.

REASONABLE ACCOMMODATIONS FOR EQUAL ACCESS

ACAT is committed to providing equal access to the Comprehensive Exam for all qualified individuals. Special arrangements, including additional test time or scheduled breaks, large print examination booklets and answer sheets, and other reasonable accommodations, may be arranged by request. **Please note:** PCS will contact you to obtain documentation of your disability and a description of the accommodations needed. In order to ensure the timely processing of your request, *please submit your registration at least 30 days prior to the published deadline.*

REGISTRATION PROCESS

Candidates must test within the testing window stated on the Authorization-To-Test (ATT), which you receive after your submitted Registration Form is successfully processed by PCS. Candidates can call **PSI** (800-211-2754) www.psiexams.com upon receiving their ATT. Please allow 10 business days between the time you call to schedule your examination and the time you wish to sit for the examination. A "seat" may not be available at the time you wish to test if there is not sufficient lead time in placing your scheduling call.

RESCHEDULING YOUR EXAM

Candidates who wish to reschedule an examination within the testing window without forfeiting the examination fee must notify PSI at least three working days prior to the scheduled test date. You will forfeit your examination fee if you do not appear for your scheduled examination or are not admitted due to lack of proper photo/signature identification.

EMERGENCY POLICY

In the event of inclement weather or similar emergency, you should contact PSI to ascertain the status of the test site. If PSI must cancel or delay an examination, you will be notified and rescheduled at no additional cost. However, given the difficulties in canceling a test center, this decision is rarely made. If the test center is open and you choose not to appear for testing, your examination fee will be forfeited.

ACAT PREVIEW EXAM

ACAT's 200-question self-study, self-graded Preview Exam exactly mirrors in topic and question format the ACAT ABA exam. Use the Preview Exam to evaluate your knowledge level, determine which areas of accountancy and taxation you need to brush up on before you take the exam. You can purchase the entire Preview Exam Part 1 and Part 2 for \$40, or either section for \$25. For more information, go online: <http://www.acatcredentials.org/credentials/ABA-study.htm>

SUPPLEMENTAL STUDY MATERIALS

The National Society of Accountants (NSA) offers the ABA, ATA, and ATP Preparatory Courses to help you prepare for the examination. For more information, go online: <http://www.acatcredentials.org/credentials/ABA-study.htm>
