

**Oregon Board of Accountancy
CPA Exam Application**

3218 Pringle Rd SE #110, Salem OR 97302

<http://oregon.gov/BOA/>

Check One: 1st time applicant in Oregon (**\$100**) Repeat Candidate in Oregon (**\$50**)

Full Name: _____
Must EXACTLY match the name on your ID First Middle Last

Previous Name(s): _____

Work Address: _____

Home Address: _____

Email Address: _____ **Telephone #** _____

Fax # _____ **Mail correspondence to:** Work Home

***Contact Preference for ATT & NTS:** Fax Email Res. Address Bus Address

Indicate the Exam Sections you are applying for: (note: sections applied for must be taken within **6 months**)

(AUD) Audit & Attestation	(BEC) Business Environment & Concepts	(FAR) Financial Acctg & Reporting	(REG) Regulation

Experience: This section only required for Public Accountant (PA) examination

Employer: _____

Mailing Address: _____

All candidates must answer the following questions:

Have you ever taken the CPA exam in another state? Yes No

If yes, indicate state(s) _____

Have you ever been denied the privilege to sit for the CPA exam? Yes No

Date: _____ State: _____

Have you had any professional or vocational license suspended or revoked in another state? Yes No

If yes, attach an explanation, including state, date and type of license.

Have you been convicted in any court, of a crime other than minor traffic violations? Yes No

If yes, contact the Board for a disposition form.

Do you have a disability that will require special arrangements? Yes No

If yes, contact the Board office to discuss arrangements.

PERSONAL INFORMATION FOR IDENTIFICATION PURPOSES REQUIRED

You must complete and return the *Candidate Authorization to Release Information Form* to the Board office. If not previously sent, the form must be sent with this application.

I consent to investigation by the Board into the statements made on this application, including a criminal record check. I certify to the truth and accuracy of all statement, answers and representations made on this application, including all supplementary statements.

I agree to keep confidential and not disclose in any manner whatsoever, in whole or in part, any information concerning the Uniform CPA examination questions or content that I acquire as a result of taking the examination. I acknowledge that this information is valuable property belonging to the AICPA that will be disclosed only to candidates who sit for the Uniform CPA examination.

An applicant's breach of these terms may result in the applicant being automatically disqualified or expelled from the examination, prohibited from sitting for the exam for a specified period, or subject to civil and criminal penalties. Any breach is an infringement of the AICPA copyright, which will entitle the AICPA to injunctive relief and subject the applicant to additional civil and criminal penalties, including but not limited to attorney's fees and monetary damages.

Further, I certify that the attached 2x2 photo is a true and correct representation of my image taken within three months of the date of this application.

X _____
Printed Name

Attach 2x2 Photo Here

X _____
Signature

Photograph must be taken

In the last 3 months

Date

Misrepresentation or false statements on this application are cause for denial or revocation of license.

Notary Certificate

State of _____ County of _____

Signed before me this _____ day of _____ 20____, by: _____
(Print Applicant Name)

Notary Public Signature

Be sure that the information on this application is exactly the same as it is on the identification that will be used for the CPA exam.

BOA USE ONLY:

Clerk: _____ Date Processed: _____ Seq#: _____

Batch # _____

**DO NOT SEND THIS FORM WITHOUT ATTACHING
THE APPLICATION**

Credit/Debit Card Payment Authorization Form

If paying by credit card, please return the renewal form and this form to:
Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302

Questions? Please call 503-378-2235 or 503-378-2268

I authorize the Oregon Board of Accountancy to charge my Credit/Debit card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error.

Applicant Name: _____

Signature

Date

\$100 – First time candidate fee

\$50 – Returning candidate fee

Section fees will be billed separately by NASBA

Cardholder's Information: Please PRINT and provide **ALL** information.

Charge Amount: \$ _____ Visa OR MasterCard Exp Date: _____

Card Number: _____

Cardholder Name (as it appears on the card): _____

Cardholder Billing Address: _____
Street, Apartment #

City

State, Zip Code

Daytime Phone Number

Cardholder's Signature

Date

RETURN THIS FORM TO: Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302
Questions? Please call 503-378.2235 or 503-378-2268

**If paying by CHECK Mail check and Application, payable to
Oregon Board of Accountancy and Mail to:**

Board of Accountancy

Unit 05

PO Box 4395

Portland, OR 97208-4395

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM