

# APPLICATION INSTRUCTIONS FOR OREGON CPA CERTIFICATE BY RECIPROCIITY

## READ INSTRUCTIONS CAREFULLY

1. Complete and return the Application, Employment Record form and Social Security form with the appropriate fee.  
  
Make check or money order payable to Oregon Board of Accountancy or you may use Visa or MasterCard (See application).
2. Complete the enclosed **Authorization For Interstate Exchange of Examination and License Information** as instructed and forward to the appropriate state board to complete and return to the Oregon Board for each state in which you have taken the exam, whether you passed or not, and in any state in which you hold a license whether it is active or not.
3. An applicant may not legally practice public accounting as a certified public accountant in Oregon until after the application is approved and the applicant has received a permit to practice.
4. An applicant's file must be complete in every particular within **3 months** of the date of the application or the permit fee will be refunded and the file will be closed.

## **CHECKLIST**

- \_\_\_\_\_ Complete the entire Application, Employment Record form and Social Security form?
- \_\_\_\_\_ Attach the \$310 application and permit fee? **OR** Attach the \$325 fee if you are ordering a 16 x 20 wall certificate.
- \_\_\_\_\_ Forwarded the Interstate Exchange form(s) to the appropriate state board(s)?

### **Return completed Application, and supporting documentation to:**

#### **If paying by Visa or MasterCard:**

Oregon Board of Accountancy  
3218 Pringle Road SE #110  
Salem, Oregon 97302-6307  
(503) 378-2264

#### **If paying by Check or Money Order:**

Board of Accountancy  
Unit 05  
PO Box 4395  
Portland OR 97208-4395

MISREPRESENTATION IN THIS APPLICATION IS  
CAUSE FOR DENIAL OR REVOCATION OF LICENSE.

# Oregon Board of Accountancy

## Application for CPA Certificate and Permit to Practice Public Accounting under **Reciprocity**

**FEE: \$310.00**

1. **PRINT** Full Name \_\_\_\_\_  
Last
First
Middle

Other last names known by: \_\_\_\_\_

**INSERT**  **TO SELECT SIZE OF CERTIFICATE:** \_\_\_\_\_ 11 x 14 (No additional charge)  
 \_\_\_\_\_ 16 x 20 (\$15 additional charge)

I would like my name lettered on my certificate as:

**If you use a PO Box or other mail service you must also provide a physical address**  
**Insert  in one box to indicate official mailing address**

2. Physical Home Address \_\_\_\_\_   
 City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_

PO Box: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. \*Employer name \_\_\_\_\_   
 \*If self-employed, include name of business, type of business and address. Indicate if unemployed.

Physical Address of Employment \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 9-Digit Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Uniform CPA Exam passed in \_\_\_\_\_ on \_\_\_\_\_  
State
Exam Date (Month & Year)

5. List other state(s) in which you are currently licensed to practice public accounting:

State	License #	Date Issued	State	License #	Date Issued
-------	-----------	-------------	-------	-----------	-------------

State	License #	Date Issued	State	License #	Date Issued
-------	-----------	-------------	-------	-----------	-------------

6. List any state(s) in which you have previously held a valid permit to practice public accounting:

State	License #	Date Issued	State	License #	Date Issued
-------	-----------	-------------	-------	-----------	-------------

7. Have you ever held Substantial Equivalent Authorization **in Oregon**? Yes \_\_\_ No \_\_\_

**BOA USE ONLY:**

Clerk: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Seq #: \_\_\_\_\_

Batch #: \_\_\_\_\_

Note: \_\_\_\_\_

8. Have you ever been charged, arrested, pleaded *nolo contendere*, or found guilty of any criminal offense (excluding non-criminal traffic infractions)? \*Yes \_\_\_ No \_\_\_
9. Are you currently under investigation by a governing or licensing board? \*Yes \_\_\_ No \_\_\_
10. Have you ever had a professional or vocational license denied, suspended, or revoked by this or any other state or foreign country? \*Yes \_\_\_ No \_\_\_

*\*If you answer "yes" to questions 8, 9 or 10, download a disposition form from the Board website and submit completed form with this application.*

11. Check how you are applying for licensing in Oregon:

- \_\_\_\_\_ (a) I have an active permit to practice that is in good standing issued by a jurisdiction whose requirements are substantially equivalent to Oregon as defined in Section 23 of the Uniform Accountancy Act.
- \_\_\_\_\_ (b) I have an active permit to practice that is in good standing issued by a jurisdiction whose requirements are **not** substantially equivalent to Oregon as defined in Section 23 of the Uniform Accountancy Act, but I as an individual have at least 150 semester hours (24 semester hours in accounting and 24 semester hours in accounting/related) and at least one year experience. I have ordered an official transcript(s) to be sent directly to the Oregon Board.
- \_\_\_\_\_ (c) I have had at least 4 years (48 months of full-time employment) of public accounting or equivalent experience satisfactory to the Board within the last ten years after passing all sections of the Uniform CPA exam and have held a valid and active permit to practice for at least four of the last ten years and currently hold an active CPA permit.
- \_\_\_\_\_ (d) I hold an active certificate, credential or degree issued by a foreign country that is recognized by the International Qualification Appraisal Board (IQAB).

### CERTIFICATION

I certify to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements. I understand that any certificate issued to me must be surrendered upon demand by the Oregon Board of Accountancy upon my failure to pay the fees prescribed by law, or upon revocation by the Board of my certificate, or for other causes as prescribed by law. I understand and agree that the Board may investigate the statements made on this application, and may conduct other investigations, including a criminal records check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION  
IS CAUSE FOR DENIAL OF THE APPLICATION OR  
REVOCATION OF ANY LICENSE ISSUED UNDER THIS APPLICATION

# Credit/Debit Card Payment Authorization Form

## DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION

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.

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reciprocity Application Fee: \$150 - Required**  
**Permit Fee: \$160 – Required**  
**16 x 20 Wall Certificate: \$ 15 - Optional**

**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, make check 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**