

**APPLICATION INSTRUCTIONS FOR
OREGON CPA CERTIFICATE BY
RECIPROCITY**

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. Download a License Transfer form for each state in which you have taken the CPA examination, whether passed or not, and to any state that you currently or previously held a license in. Complete the top portion and forward to the appropriate State Board(s) for completion. The State Board(s) will need to send the form directly to the Oregon Board. .
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 file will be closed.

CHECKLIST

- _____ Complete the entire Application, Employment Record form and Social Security form?
- _____ Attach the \$150 application fee? **OR** Attach the \$165 fee if you are ordering a 16 x 20 wall certificate.
- _____ Sent the Interstate Exchange form(s) to the appropriate state board(s)?

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

OREGON BOARD OF ACCOUNTANCY

RECIPROCITY APPLICATION

for CPA Certificate and Permit to Practice Public Accounting

FEE: \$150.00

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

BOA USE ONLY
 Clerk: _____ Date Processed: _____ Seq: _____ Batch#: _____

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

**DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION
Credit/Debit Card Payment Authorization Form**

Please return the application and this form to:
Oregon Board of Accountancy, 3218 Pringle Rd SE #110
Salem OR 97302

Questions? Please call 503-378-4181 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

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

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

Charge Amount: \$ _____ Expiration Date: _____

Visa OR MasterCard 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

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM