AUTHORIZATION FOR INTERSTATE EXCHANGE OF LICENSE INFORMATION

Oregon Board of Accountancy
3218 Pringle Road SE #110, Salem, Oregon 97302-6307
503-378-4181 extension 21 e-mail: heather.shepherd@state.or.us

TO THE APPLICANT: This form is required to complete your application to the Oregon Board of Accountancy for Substantial Equivalency Authorization. Certain information must be verified by each board of accountancy in which you hold or have held a license before your application can be considered for approval. **Complete the top portion of this form and forward a copy to each board of accountancy that has issued a license to you.** Each licensing board will complete the remainder of the form and submit it to the Oregon Board of Accountancy. You are advised to check with each Board before forwarding to determine if there are additional requirements or fees charged before the information will be released. Before your application is considered, information must be verified by each of the Board(s) of Accountancy in which you hold or have held a CPA license.

TO BE COMPLETED BY APPLICANT:

_____

Last Name First Name Middle Name Other Last Names

_____

Mailing Address Number and Street City State Zip

_____

Physical Address Number and Street City State Zip

I request and authorize _____ Board of Accountancy to provide the information requested on this form to the Oregon Board of Accountancy.

_____

Applicant's Signature Date

To be completed and returned to Oregon Board of Accountancy by other licensing Board:

_____ holds CPA License #_____

(Name of Applicant)

Date issued _____ Active _____ Inactive _____ Lapsed _____

Substantial Equivalency Verification:

Yes___ No___ Has License been suspended or revoked?
Yes___ No___ Has licensee been disciplined for violations of this jurisdiction's standards of conduct or practice?
Yes___ No___ Are there pending actions against licensee alleging violations of this jurisdiction's standard of conduct or practice?
Yes___ No___ Is licensee in compliance with this jurisdiction's Continuing Education requirements?
Yes___ No___ Is licensee in compliance with this jurisdiction's Peer Review requirements, if applicable?

_____

Board/Agency

Board Seal

_____

Authorized Signature

_____

Title Date