

CERTIFICATION APPLICATION

2012

FOR CERTIFICATION OF CONTINUING EDUCATION COURSE(S)

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: (503) 378-4034 Fax: (503) 585-5797 E-Mail: tax.bd@state.or.us Web Site: www.oregon.gov/OBTP

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Place Label Here

If different from label above:

Sponsor Name: _____

Department Head / Coordinator: _____

Mailing Address: _____

City / State / Zip Code: _____

Please complete:

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

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WE ARE OFFERING THE FOLLOWING CLASS TYPES:

- A) Instructor taught class.
- B) Correspondence.
- C) Other (define, such as online, etc.):

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I HEREBY SUBMIT:

- A) Our courses comply with all State Board of Tax Practitioners rules and laws. YES
- B) Credit hours are credited only in the subject areas specified in rules. YES
- C) Our course requires evidence of completion of workbooks or exams prior to issuing certificates. YES
- D) Hours credited do not exceed credit that would be allowed in a resident course covering the same material. YES

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COURSE MATERIAL

Please **attach** the following:

- A) A completed "New/Changed Course Time Allotment Explanation" form for each **new OR changed** course being submitted.
- B) A completed "List of Courses Updated to Current Tax Law" form for courses that have only been updated to current tax law and previously approved by the Board.
- C) **For each new course OR courses containing major changes:** CD-roms, course books, workbooks, disks, exams and any other materials provided to students to complete the course work.

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CONTENT

I certify that the courses hereby submitted for continuing education credit hours contribute directly to the expertise of the individual completing the course in the preparation of individual income tax returns.

Examples of **acceptable** subject matters:

Taxation; accounting/payroll theory (if directly related to taxation); required e-filing (electronic filing) procedures; practitioner ethics; estate, tax or investment planning; interviewing techniques; etc.

Examples of **unacceptable** subject matters:

Using a computer; software programs (other than e-filing); business management; character development; buying or selling a tax business; labor law; etc.

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COURSE COMPLETION - OAR 800-015-0030

Certificate confirming successful course completion shall be furnished to students by course instructors/sponsors.

The certification shall include:

- Students printed name
- Number of CE hours received
- Sponsors name and address
- Dates of attendance
- Location of program
- Name of instructor
- Signature of sponsor
- Signature of student
- Statement that the course was: Self-Study **OR** Correspondence
- Title of program (*must match the course title provided to the Board office with this application*)

Sponsors must maintain the following records for at least two years:

- An outline of each course
- A record of students for each course

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WHERE TO MAIL APPLICATION

State Board of Tax Practitioners

ATTN: Jane Billings, Exam & Education Coordinator
3218 Pringle Road SE, Ste #120
Salem, Oregon 97302

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SIGNATURE

Under penalties of perjury, I declare that to the best of my knowledge and belief, the above statements and accompanying documentation are true, correct and complete.

SIGNATURE _____

DATE _____

PRINTED NAME _____