

APPLICATION FOR CERTIFICATION OF BASIC 80 HOUR COURSE

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034

Fax: 503-378-3575

E-mail: tax.bd@state.or.us

Website: www.oregon.gov/OTPB

1

If different from label above:

Sponsor Name: _____

Dept. Head or Coordinator: _____

Mailing Address: _____

City, State, Zip code _____

Please complete:

Telephone #: _____ Fax: _____

E-mail: _____ Website: _____

2

PLEASE MARK THE TYPE OF ENTITY APPLYING:

- A) An accredited college/university or educational service district.
- B) Private firm licensed as a vocational school by the Oregon Department of Education.
- C) Private firm exempted from the requirement for vocational school licensing because we only offer the course to our employees.

3

WE ARE OFFERING THE FOLLOWING CLASS TYPES:

- A) Instructor taught class
- B) Correspondence
- C) On-line course/classes
- D) Other: _____

4

I HEREBY SUBMIT:

- A) Our courses are at least the equivalent of 80 classroom hours of instruction. YES
- B) Instruction is provided in each of the subject areas specified in the preparer examination index – course guide for Basic Course Instructors developed by the Board. YES
- C) Working problems are used corresponding to the course guide, using appropriate forms and schedules. YES
- D) A midterm and final examination are given to students. YES
- Total number of hours you allow students for the **final** examination _____
 - How many questions are asked on the **final** examination _____

5

COURSE MATERIAL AND LESSON PLANS:

I have **completed and attached** the following information:

- Course title – as it will appear on the certificate of course completion.
- Date, time and address of every location where courses will be offered.
- List of your course materials.
- Outline & copy of actual lesson plan(s).

Remember to provide all students with the General Information Booklet **OR** provide them with a link to the Board's website to obtain the General Information Booklet: http://www.oregon.gov/OTPB/General_Information_Booklet.shtml
This booklet contains pertinent information for applicants regarding the examination and the examination process.

Notify all basic course instructors to provide their full name to all students for completion of the Preparer Examination Application. Processing will be delayed for preparer examination applications missing this information.

6

INSTRUCTORS:

- I have attached a list of instructor(s), their license number(s) and listed their qualifications.

OAR 800-015-0005 (5): Basic course sponsors shall employ only instructors to teach basic courses who are actively licensed or who fall within the exemptions of ORS 673.610 and who have prepared taxes for at least 2 tax seasons immediately prior to teaching the course. The Board may grant a specific waiver to instructor qualifications when unusual or extenuating circumstances exist. Repeated low passage rates of an instructor's students on the tax preparers' examination is evidence that the instructor may not be qualified to teach a basic tax preparation course. An instructor's approval to teach the Basic course **may** be revoked at the option of the Board.

7

ATTENDANCE:

Evidence of successful course completion shall be furnished to students by course instructors on a Board-approved session attendance certification form. If a student misses a portion of the class sessions, the instructor **may** provide make-up work.

Course sponsors may reproduce board-approved forms supplied to them by the Board. In addition, course sponsors shall provide each of their approved Instructors with a complete copy of the "Instructors Master Packet" sent to them by the Board upon sponsor approval/renewal.

Sponsors must maintain accurate records.

8

WHERE TO MAIL APPLICATION:

State Board of Tax Practitioners
3218 Pringle Road SE, Suite 120
Salem, Oregon 97302-6308

9

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

Course Title: _____
As it will appear on the certificate of course completion.

Courses Offered

Use additional sheets if necessary

Dates: _____
 Times: _____
 Physical Address: _____
 City/Zip code: _____
 Telephone #: (____) _____

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 Times: _____
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 City/Zip code: _____
 Telephone #: (____) _____

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 Times: _____
 Physical Address: _____
 City/Zip code: _____
 Telephone #: (____) _____

Dates: _____
 Times: _____
 Physical Address: _____
 City/Zip code: _____
 Telephone #: (____) _____

List of Course Materials

_____	_____
_____	_____
_____	_____
_____	_____

Please include: Oregon Administrative Rules, Oregon Revised Statutes and the General Information Booklet.

List of Instructors

Use additional sheets if necessary

License Number	Instructor Name	# of Years Experience Consultant / Preparer

Please attach an outline and actual copy of your lesson plan(s).