

**FOR CERTIFICATION OF CONTINUING EDUCATION COURSE(S)**

STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: [tax.bd@state.or.us](mailto:tax.bd@state.or.us) Website: [www.oregon.gov/OTPB](http://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: \_\_\_\_\_

**2**

We are offering the following class types:

A)  Instructor taught class.

B)  Correspondence.

C)  Other (define, such as on-line): \_\_\_\_\_

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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 & 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:**

Evidence of successful course completion shall be furnished to students by course instructors/sponsors.

***The certification shall include:***

- Students printed name
- Sponsors name & address
- Date completed
- Number of CE hours received
- 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; and
- 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, Suite 120  
Salem, Oregon 97302-6308

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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