Oregon Board Of Accountancy

CPA RECIPROCITY APPLICATION INSTRUCTIONS

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 for any state where you currently or previously held a license . 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, Recent photo, Notary Certification 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.

Questions? Contact: (503) 378-2264 / kristen.m.adamson@oregon.gov or joel.parks@oregon.gov

OREGON BOARD OF ACCOUNTANCY

CPA RECIPROCITY APPLICATION

FOR CPA CERTIFICATE AND PERMIT TO PRACTICE PUBLIC ACCOUNTING

Attach Photo Here

FEE: $150.00

1 GENERAL INFORMATION

PRINT FIRST MIDDLE LAST

Full Name:

Previous Name(s):

Check 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. PLEASE CHECK BOX TO INDICATE OFFICIAL MAILING ADDRESS

Physical Home Address: ☐

City: State: Zip Code:

PO Box: Phone #: E-mail:

IF SELF-EMPLOYED, INCLUDE NAME OF BUSINESS, TYPE OF BUSINESS AND ADDRESS. INDICATE IF UNEMPLOYED.

*Employer Name:

Employment Physical Address: ☐

City: State: Zip Code:

PO Box: Phone #: E-mail:

Uniform CPA Exam passed in _____ STATE on _____ EXAM DATE (MONTH / YEAR)

List state(s) in which you are currently licensed or have been previously licensed to practice public accounting:

STATE	LICENSE #	DATE ISSUED	STATE	LICENSE #	DATE ISSUED
STATE	LICENSE #	DATE ISSUED	STATE	LICENSE #	DATE ISSUED

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 #

Questions? Contact: (503) 378-2264 / kristen.m.adamson@oregon.gov or joel.parks@oregon.gov

Oregon Board of Accountancy Employment Record

This form is part of the application for certification and the completed form must be returned to the Oregon Board of Accountancy with your application. **Include additional pages if necessary. Please type or print. Experience and exam requirements must be completed within eight years immediately preceding the date of this application.**

10-YR Employment Record Include periods of unemployment. Leave no gaps in dates of employment From/To	**Employer** List all employers for previous 10 years beginning with earliest	**Complete Address of Employer,** include contact person's name.	**Phone Number**	Directly **Supervised by CPA or PA?** Yes/No	Type √ Attest	Type √ Other Prof Stds	Type √ Industry Gov't or Other

ATTEST/ASSURANCE: Employment with a CPA or PA whose practice includes public accounting services using auditing and accounting skills and issuance of reports on financial services.

OTHER PROFESSIONAL STANDARDS: Professional services performed in accordance with other standards, including consulting services, tax practice, financial planning, internal audits, government finance management, and regulatory agencies.

INDUSTRY GOVERNMENT: Experience may be obtained while the applicant is employed in industry, government or other settings under the direct supervision of a qualified supervisor licensee. Industry, government or other experience should demonstrate an understanding of the industry in which the entity operates, including the employer's competition (or other similar service providers in the case of government) and key competitive factors that affect the industry. This experience is evaluated on a case-by-case basis to ensure that it is equivalent to public accounting experience.

Print Name _____ Signature _____ Date _____

2 ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

	Yes	No
A) Have you ever held Substantial Equivalent Authority **in Oregon?**	☐	☐
B) Have you been arrested, charged with or convicted of a felony?	☐	☐
C) Have you been arrested, charged with or convicted of a non-felony crime in which the essential element is fraud, dishonesty or misrepresentation?	☐	☐
D) Have you been a party to any legal proceedings including any non-disclosure agreements or tolling (deadline extension/suspension) agreements?	☐	☐
E) Have you had any professional license suspended, revoked or restricted or been the subject of any regulator's investigation or action?	☐	☐
F) Are you ***currently*** under investigation or have action pending by another regulatory agency?	☐	☐
G) Do you have any pending expulsions or have you been expelled from a professional society?	☐	☐

3 METHOD OF APPLYING FOR LICENSE IN OREGON

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 requirement are substantially equivalent to Oregon as defined is 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).

4 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 _____

NOTARY CERTIFICATE

State of _____ My Commission Expires _____

County of _____

Signed or attested before me on _____ 20_____ by _____

Notary Public Signature _____

ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION IS CAUSE FOR DENIAL OF THE APPLICATION OR REVOCATION OF ANY LICENSE ISSUED UNDER THIS APPLICATION

4 CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

~MUST ACCOMPANY FIRM REGISTRATION APPLICATION~

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.

Name

Signature *Date*

$150—Reciprocity application fee (Required)
$15—16 X 20 Wall Certificate (Optional)

CARDHOLDER'S INFORMATION: (Please **PRINT** and provide **ALL** information.)

Charge Amount: VISA OR MasterCard Expiration Date:

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*

If paying by **CHECK,** make check payable to:

Oregon Board of Accountancy

MAIL TO:

Oregon Board of Accountancy
Unit 05
PO Box 4395
Portland, OR 972085-4395

If paying by **CREDIT CARD,** you may mail or fax to:

Oregon Board of Accountancy
3218 Pringle Rd SE #110
Salem, OR 97302

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM.