

Oregon Board of Accountancy
Application for Issuance of CPA Certificate or PA License
and Permit to Practice Public Accounting

FEE: \$150

1. **PRINT** Full Name _____
Last First Middle

Other last names known by: _____

INSERT 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
Insert in one box to indicate official mailing address

2. Physical Home Address _____
City _____ State _____ 9-Digit Zip Code _____

PO Box: _____ Phone No. _____ E-Mail Address: _____

3. *Employer name _____
*If self-employed, include name of business, type of business and address. Indicate if unemployed.

Physical Address of Employment _____ PO Box _____
City _____ State _____ 9-Digit Zip Code _____ Phone No. _____

4. Uniform CPA Exam passed in _____ on _____
State Exam Date (Month & Year)

5. How did you qualify for the CPA exam?
150 semester hours with 24 sem hours accounting & 24 sem accounting/related
Bachelor Degree with 20 sem accounting & 10 sem accounting/related

6. Are you transferring CPA exam grades from another state? Yes _____ No _____
Name of State _____

If yes, you must request your official transcripts from your college or university to be sent to the Oregon Board and have the State Board complete the "Interstate Exchange" form.

BOA USE ONLY:

Clerk: _____ Date Processed: _____ Seq #: _____
Batch #: _____

7. Are you now or have you ever applied for or been issued a certificate or license as a CPA or PA in this or any other state? Yes ___ No ___

If yes, name of state: _____ Date Issued: _____

8. Have you ever been charged, convicted, pleaded *nolo contendere* or found guilty of any criminal offense (excluding non-criminal traffic violations)? Yes ___ No ___

9. Have you been or are you currently under investigation by any regulatory or licensing Board? Yes ___ No ___

10. Have you ever had a professional or vocational license denied, suspended, or revoked by this or any other state, jurisdiction or foreign country? Yes ___ No ___

If you answer yes to questions 8, 9 or 10, download a disposition form from the Board website and submit completed form with this application.

Experience and exam requirements must be completed within 8-years immediately preceding the date of this application.

Certification

I certify to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I understand that when a CPA certificate or PA license is issued to me, it 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 prescribed by law. I authorize investigation by the Board of the statements made on this application, and other investigations, including a criminal records check, as the Board deems necessary.

Signature _____ Date _____

**DO NOT SEND THIS FORM WITHOUT ATTACHING THE APPLICATION
Credit/Debit Card Payment Authorization Form**

**Please return the application and this form to:
Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302**

Questions? Please call 503-378-2235 or 503-378-2268

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.

Applicant Name: _____

Signature

Date

**Application fee: \$150 - Required
16 x 20 Certificate: \$15 - Optional**

Cardholder's Information: Please PRINT and provide ALL information. Visa or MasterCard ONLY

Charge Amount: \$ _____ Exp 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

RETURN THIS FORM TO: Oregon Board of Accountancy, 3218 Pringle Rd SE #110, Salem OR 97302

Questions? Please call 503-378.2235 or 503-378-2268

DO NOT SEPARATE THIS SHEET FROM YOUR APPLICATION FORM

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.**

Check one per employer

10-year 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 persons name.	Phone Number	Directly supervised by CPA or PA? Yes/No	√ for Attest	√ for Other Prof Stnds (Tax)	√ for 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: This selection is primarily for those who met the competencies with experience in tax

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 _____