

Oregon Board of Accountancy
 3218 Pringle Rd SE #110
 Salem OR 97302-6307
 503.378.2264 FAX: 503.378.3575
<http://oregon.gov/BOA>

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAM AND LICENSE INFORMATION

Instructions: This form is required to complete your application to the Oregon Board of Accountancy. Before your application will be considered, information must be verified by each of the Board(s) of Accountancy where your exam credits and/or certificate and license status were established. Complete the first portion of this form and then mail to the other state Board. Use a separate form for each state Board you have had dealings with. Applicants should contact the State Board prior to forwarding to determine if there are additional requirements and/or fees charged for this service.

CONTACT INFORMATION:

Name: Last, First, Middle, Suffix	Previous Names
Mailing Address (Including city, state, zip & country)	Daytime Phone Number
Email Address	

REQUEST & AUTHORIZATION:

I hereby request and authorize _____ Board of Accountancy to provide any and all information requested on this form to the **Oregon** Board of Accountancy. I agree that the responding Board may confirm the grades issued to me by the AICPA Advisory Grading Service.

Signature	Date
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VERIFICATION OF EXAM CREDITS (to be completed by the other State Board)

Provide all Uniform CPA Examination(s) grades reported by the AICPA Advisory Grading Service and approved, unchanged, by this Board. Include failing grades, and complete the following information:

Date of Exam	Candidate ID#	Audit	BEC/LPR/Law	FAR/FARE/Theory	REG/ARE/Practice

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| • Was the applicant ever denied admission to the CPA exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If the applicant has not completed the exam, are there any restrictions preventing him/her from sitting in your state? | <input type="checkbox"/> | <input type="checkbox"/> |

The individual named above:

- | | | |
|---|--------------------------|--------------------------|
| • Holds an original certificate/license to practice public accounting which is in good standing | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

#: _____ Date Issued: _____ Expiration Date: _____

Has completed the AICPA ethics exam? Score: _____	<input type="checkbox"/>	<input type="checkbox"/>
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Has had disciplinary action against them from your Board?	<input type="checkbox"/>	<input type="checkbox"/>
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Indicate the number of years experience required at the time the applicant was licensed: _____

OTHER STATE BOARD CERTIFICATION

STATE OF _____

I certify that the information on this form is true and accurate to the best of my knowledge.

Signature	Title	Date
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Official Seal