



OREGON BOARD OF ACCOUNTANCY

Supervisor Evaluation Form

200 Hawthorne Ave SE, Ste D450, Salem, OR 97301-5289

PH (503) 378-4181 ▪ FAX (503) 378-3575 ▪ EMAIL boa.info@boa.oregon.gov

WEBSITE www.oregon.gov/boa

Applicants Full Name: _____

NOTICE FOR SUPERVISOR LICENSEE: Oregon Revised Statutes (ORS) Chapter 673.040 and Oregon Administrative Rules (OAR) 801-010-0065 and 801-010-0100 provide guidance specific to the experience requirements for applicants for the certificate of Certified Public Accountant and Public Accountant. Please refer to these documents as you are considering whether the applicant has achieved some or all of the seven core competencies. By signing this form, you will be certifying to the Board that the applicant has obtained the experience requirements and that you have sufficient knowledge through supervision to certify the applicant's representations.

Supervising CPA: _____ Position: _____

CPA Certificate Number: _____ State Licensed: _____ Date of Issuance: _____

Company/Firm Name: _____

Contact Phone: _____ Email Address: _____

Period of Supervision:

Full Time (minimum of 12 months and 2,000 hours) **Part Time** (minimum of 12 months and 2,000 hours)

From: _____ To: _____ From: _____ To: _____

1) Please indicate on the following table whether or not the applicant has met each competency as described in the narrative prepared by the applicant:

COMPETENCY EVALUATION CHART	Does the applicant meet the competency?	
	Yes	No
A. Professional Ethics		
B. Assessing the achievement of an entity's objectives		
C. Experience in preparing working papers that contain sufficient, relevant data to support analysis and conclusions		
D. Understanding transaction streams and information systems		
E. Risk assessment and verification skills		
F. Decision making, problem solving and critical thinking in the context of analysis		
G. Quality of communication expressing scope of work, findings and conclusions		

FOR BOARD USE ONLY:

Sent by supervising licensee: _____

Verified Info: _____

2) Briefly describe the applicant's duties at the company/firm:

3) Are you aware of any reasons why this applicant should not be licensed to practice public accounting in the State of Oregon? If yes, please explain.

Yes

No

4) Is there any other information, good or otherwise, about this applicant that you believe should be provided to the Oregon Board of Accountancy? If yes, please explain.

Yes

No

Comments:

I attest that I have answered all the questions without reservation, and that all of the information provided by me herein is true and correct.

Signature of Supervisor Licensee*
**must also sign narrative document prepared by applicant*

Date

Supervisor Licensee: Please submit completed form directly to the Oregon Board (not to be submitted by applicant).

FAX to 503-378-3575

EMAIL to boa.info@boa.oregon.gov

MAIL to:

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Salem, Oregon 97301-5289