

TAX CONSULTANT EXAMINATION APPLICATION

Initial Exam Retake Exam

OREGON BOARD OF TAX PRACTITIONERS

Questions? (503)378-4034
Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 250, Salem OR 97302

Fax (503)585-5797

DO NOT EMAIL THIS FORM

Website: www.oregon.gov/OBTP

Applicant #: _____ Type: _____ Xs Taken: _____ Location: _____

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PLEASE PRINT OR TYPE

"LEGAL NAME" Last:		First:	Middle Initial:
Mailing Address:			
City:	State:	Zip Code:	County:
Social Security Number:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Cell Phone:	Home Phone:	Business Phone:	
Fax:	*E-Mail:		

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

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The Oregon Board of Tax Practitioners (OBTP) has contracted with PSI Services LLC (PSI) to administer the examination. PSI provides examinations through a network of computer examination centers in Oregon.

A list of PSI proctor sites is located in the General Information Booklet:
https://www.oregon.gov/obtp/Documents/2018_GIB_FINAL.pdf

For additional information refer to the PSI website: candidate.psiexams.com

NOTE: Once your application is accepted, the Board will e-mail you an approval letter that will explain how to schedule your appointment for examination. You cannot schedule your exam prior to receipt of your approval letter. Please see section #5 for additional information.

*I need an ADA Accommodation. Indicate type of disability: _____

*Must attach a completed "ADA Accommodation Request Form" located on the Web at:
<https://www.oregon.gov/obtp/Pages/Forms.aspx>

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- a) Have you ever been licensed as a Tax Preparer in Oregon? YES License #: _____
- b) Have you ever applied for the Tax Consultant Exam in Oregon? YES Last Date: _____
- c) Have you ever been licensed as a Tax Consultant in Oregon? YES License #: _____
- d) Have you ever been licensed in another state? State: _____ YES Registration #: _____
- e) If not currently licensed as a tax preparer:
 - (1) Are you a high school graduate? YES NO Year graduated: _____
 - (2) Do you have a GED certificate? YES NO Year received: _____
- f) If you have attended a college or university, please indicate the number of years completed: _____

NOTE: If using education credit for courses completed towards the required 1100 hours of work experience, they will be calculated at the rate of five (5) hours work experience for every one (1) classroom hour. However, courses must be directly related to taxation, and you may only substitute up to 365 hours of the required 1100 hours of work experience (i.e., you may receive credit for up to 73 hours of classroom time – 73 X 5 = 365). In addition, education credit applied towards the required 1100 hours must be completed within one (1) year of making application to become a tax consultant and shall NOT be claimed to fulfill continuing education requirements once licensed. To receive education credit, you must attach a copy of your official transcript(s) and/or certificate(s) of course completion. OAR 800-020-0015(9).

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EMPLOYMENT

Have you been employed in the capacity of a tax preparer/consultant for at least two of the last five years? YES NO

Employed in Oregon Another State in the capacity of a:

- Tax preparer under an Oregon licensed tax consultant; Tax preparer under an Oregon licensed CPA, PA or attorney
- Income tax auditor with: Oregon Department of Revenue, Internal Revenue Service; **OR**
- Taxpayer service representative with: Oregon Department of Revenue or Internal Revenue Service

If you checked any of the above, submit an "Consultant Verification of Tax Preparation Experience" form with this application.

- Tax preparer/consultant in another state State: _____ Registration # if in California: _____
- Other (Please specify): _____

If you checked one of the above two (2), submit a "Petition to Claim Tax Consultant Experience from another State" form. All forms are located on the Web at: http://www.oregon.gov/OBTP/Pages/forms_applications.aspx

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IMPORTANT INFORMATION (PLEASE READ)

- a) A Verification of Work Experience Application, or other documentation verifying at least 1,100 hours of work experience during the past five years, must be submitted with this application.
- b) Proof of completion of at least 15 hours of continuing education in income tax-related courses completed within the past 12 months must be submitted with this application.
- c) The Board will email you an "examination approval" notice if your application is approved. This notice will provide instructions on how to schedule and pay for your exam with PSI.
- d) Please refer to the Important Information about Your Exam document, which you will receive with your examination approval notice, for additional information.

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SIGNATURE

Under penalty of perjury, I declare that I have examined this application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

I acknowledge that, if I fail the examination, no review of my examination questions will be granted.

Signature

Date

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FEES

Tax Consultant Exam Application Fee

TOTAL FEES \$ 60

You will pay PSI a \$85 exam fee when scheduling your Exam

Per OAR 800-020-0026 - Exam fees are **non-refundable** unless the applicant does not qualify to take the examination **OR** there is a verifiable circumstance(s) beyond the control of the applicant (at the discretion of the Board). However, the applicant **must** notify the Board office, **in writing**, prior to the scheduled examination date. **NOTE:** A \$10 processing fee will be deducted from all exam refunds.

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Payments

Send Payments - Payable to: OBTP
3218 Pringle Rd SE, Ste 250, Salem OR 97302
or FAX (503) 585-5797

NUMBER _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code: _____ Exp: ____ / ____

