

**OKLAHOMA ACCOUNTANCY BOARD (OAB)**  
**201 N.W. 63<sup>rd</sup> St., Ste. 210, Oklahoma City, OK 73116**  
**(405) 521-2397 Fax (405) 521-3118**  
**www.ok.gov/oab**

**INTERIM PERMIT APPLICATION/CPE REPORTING FORM**

SHOW CHANGE OF NAME OR MAILING ADDRESS IF DIFFERENT THAN AT LEFT. A CERTIFIED COPY OF APPROPRIATE LEGAL DOCUMENT MUST ACCOMPANY REQUEST FOR NAME CHANGE.

(Name) _____	(Cert. /License Number, If Known) _____	_____
(Address) _____		_____
(City) _____	(State) _____	(Zip Code) _____

**Complete all information required on this form and submit to the OAB.**

**PART I: INFORMATION OF RECORD – REQUIRED**

Changes of employment, professional status or mailing address MUST be reported to the OAB within 30 days of the change.

	Yes	No
<b>(1)</b> Have any of the following events <b>ever</b> occurred <u>that have not been previously reported to the OAB</u> : (a) have you been arrested; (b) have you been charged with a crime or are any charges against you pending at this time; (c) have you pled guilty or nolo contendere to any charge(s); (d) have you been convicted of a crime? <b>If yes to any of these questions, attach a signed explanation.</b>	_____	_____
<b>(2)</b> Since your previous application or registration filed with the OAB, have you been disciplined or had a CPA certificate, PA license or practice privilege of any other jurisdiction or foreign country cancelled, revoked, or suspended; have you been refused licensing or renewal of a license or permit by any regulatory agency; or are any disciplinary actions pending at this time? <b>If yes, attach a signed explanation.</b>	_____	_____
<b>(3)</b> Have you had any professional credential cancelled, revoked or suspended by enforcement action that has not been previously reported to the OAB? <b>If yes, attach a signed explanation.</b>	_____	_____
<b>(4)</b> Do you practice any public accounting? (Please carefully review Section 15.1A.31 of the Oklahoma Accountancy Act, available at <a href="http://www.ok.gov/oab">www.ok.gov/oab</a> , to complete this section.)	_____	_____
<b>(5) a.</b> If you answered "Yes" to 4 above, is your accounting office located in Oklahoma?	_____	_____
<b>b.</b> Do you enter Oklahoma from another jurisdiction to serve clients in Oklahoma?	_____	_____
<b>(6)</b> Primary/Full Time Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Practice of Public Accounting: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate status (check all that apply): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Member (LLC or PLLC) <input type="checkbox"/> Staff/Employee Business Name or Employer _____ Business Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Address</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>		
<b>(7)</b> Secondary/Part Time Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Practice of Public Accounting: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate status (check all that apply): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Member (LLC or PLLC) <input type="checkbox"/> Staff/Employee Business Name or Employer _____ Business Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Address</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>		
<b>(8)</b> <input type="checkbox"/> Not presently employed <input type="checkbox"/> Retired and not employed <input type="checkbox"/> Disabled beyond all gainful employment		



(18) If “No” to Question 16, provide the date of the first audit or review engagement performed after June 30, 2004: \_\_\_\_\_ If applicable, attach the *peer review enrollment confirmation* form indicating proof of enrollment in a Board approved Sponsoring Organization’s peer review program.

Pass Reports	Pass with Deficiencies or Fail Reports
<input type="checkbox"/> Peer Review Report <input type="checkbox"/> Final Letter of Acceptance from the Sponsoring Organization	<input type="checkbox"/> Peer Review Report <input type="checkbox"/> Letter of Comments <input type="checkbox"/> Letter of Response <input type="checkbox"/> Signed Agreement to the Conditional Letter of Acceptance <input type="checkbox"/> Final Letter of Acceptance from the Sponsoring Organization <input type="checkbox"/> \$100 Peer Review Report Fee
Peer Review Enrollment Confirmation	
<input type="checkbox"/> Confirmation from approved Sponsoring Organization showing proof of enrollment in a peer review program (Enrollment is required within one year of the first audit or review engagement performed after June 30, 2004)	

**PART VI: ATTESTATION - REQUIRED**

(18) I attest that all of the information I have provided on this form is true and correct. I further certify that I have not omitted or suppressed any information that would have a bearing on my eligibility to hold a permit. I certify that the burden of proof is on me as the registrant to document that all CPE courses reported meet all of the OAB's requirements of content and subject matter. I can supply documents to prove completion of all credits claimed. I have not reported any credits previously claimed unless allowed by OAB rule to do so. I understand the OAB may obtain a background check as one method to verify good moral character and adherence to the professional code of conduct.

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Form filed with the OAB must bear an original signature Daytime Telephone Date

\_\_\_\_\_ ( ) \_\_\_\_\_  
 E-mail Address (Optional) Additional Telephone Number (Optional)

**PART VII: FEE SCHEDULE**

(19) Permit Fee

\_\_\_\_\_ I am submitting a total fee of \$100. Make check or money order payable to OAB.

*Please be aware that most information provided to the OAB is considered an open record and may be released, except where such release is specifically prohibited by the Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security numbers, transcripts, examination grades, peer review reports).*