OAB Form 4 Rev 4/07

OKLAHOMA ACCOUNTANCY BOARD (OAB)
4545 North Lincoln, Suite 165, Oklahoma City, OK 73105-3413
(405) 521-2397

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
(1) Have any of the following events **ever** occurred that have not been previously reported to the OAB: (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? **If yes to any of these questions, attach a signed explanation**.	_____	_____
(2) 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? **If yes**, **attach a signed explanation.**	_____	_____
(3) Have you had any professional credential cancelled, revoked or suspended by enforcement action that has not been previously reported to the OAB? **If yes, attach a signed explanation.**	_____	_____
(4) Do you practice any public accounting? (See Oklahoma Accountancy Act 15.1A.31 for the definition of public accounting.)	_____	_____
(5) a. If you answered "Yes" to 4 above, is your accounting office located in Oklahoma?	_____	_____
b. Do you enter Oklahoma from another jurisdiction to serve clients in Oklahoma?	_____	_____

(6) Primary/Full Time Employment: [ ] Yes [ ] No Practice of Public Accounting: [ ] Yes [ ] No

Indicate status (check all that apply):

[ ] Sole Proprietor [ ] Partner [ ] Shareholder [ ] Member (LLC or PLLC) [ ] Staff/Employee

Business Name or Employer_____

Business Address _____
Address City State Zip Code

(7) Secondary/Part Time Employment: [ ] Yes [ ] No Practice of Public Accounting: [ ] Yes [ ] No

Indicate status (check all that apply):

[ ] Sole Proprietor [ ] Partner [ ] Shareholder [ ] Member (LLC or PLLC) [ ] Staff/Employee

Business Name or Employer_____

Business Address _____
Address City State Zip Code

(8) [ ] Not presently employed [ ] Retired and not employed [ ] Disabled beyond all gainful employment

PART II: ACCOUNTING SERVICES PERFORMED - REQUIRED

(9) Indicate all services associated with accounting work performed, whether for an employer, the public, or anyone other than yourself or non-compensated services for immediate family members. Do you…

a. perform audits? _____ Yes _____ No
b. perform reviews? _____ Yes _____ No
c. perform compilations? _____ Yes _____ No
d. provide attest services? _____ Yes _____ No
e. provide investment counseling? _____ Yes _____ No
f. provide tax planning services (consult on tax matters, conduct studies on tax matters, or prepare reports on tax matters? _____ Yes _____ No
g. prepare tax returns? _____ Yes _____ No
h. perform financial planning services? _____ Yes _____ No
i. keep books, prepare trial balances, prepare financial statements, or prepare financial reports? _____ Yes _____ No
j. perform any management advisory services, which include: _____ Yes _____ No

- counseling management in analysis, planning, organizing, operating, risk management and controlling functions,
- conducting special studies, preparing recommendations, proposing plans and programs, and providing advice and technical assistance in their implementation,
- reviewing and suggesting improvement of policies, procedures, systems, methods, and organization relationships,
- introducing new ideas, concepts, and methods to management?

PART III: CPE REPORTING INFORMATION – REQUIRED

(10) I am reporting _____ total CPE credits, which includes _____ professional ethics (2 credits are required)

(11) Of the total credits reported in the preceding question,
_____ credits relate to the practice of public accounting
_____ credits are in the areas of taxation, accounting, or assurance
_____ credits are related to my industry, governmental, or academic position

(12) Indicate appropriate compliance period:

a. _____ All CPE credits were earned in the preceding calendar year **OR**
b. _____ All CPE credits were earned in the 365-day period immediately preceding my official application date. This choice is available only if you are applying for an initial permit or to renew a lapsed permit.

PART IV: APPLICATION FOR PERMIT TO PRACTICE PUBLIC ACCOUNTING

(13) I am filing this Reporting Form in conjunction with an application for a permit to practice.

_____ I am renewing a lapsed permit or applying for an initial permit. I have completed with a score of 90% or above the AICPA's Ethics Examination course entitled **"Professional Ethics: The AICPA's Comprehensive Course"** as part of my CPE requirement for the permit for which I am now applying. Attach a copy of the certificate of completion and/or the electronic page from the AICPA showing your score.

PART V: PEER REVIEW INFORMATION – COMPLETE ONLY IF YOU ARE A SOLE PROPRIETOR WHO IS NOT INCORPORATED

(14) Do you perform: **Audits?** _____ Yes _____No **Reviews?** _____ Yes _____ No

(15) Do you perform governmental audits for Oklahoma entities? _____ Yes _____ No

If yes, have you filed the Registration Form for Independent Auditors Engaged in Audits of Governmental Entities as required? _____ Yes _____ No

(16) Have you had a peer review? _____ Yes* _____ No**

(17) ** If **"No,"** 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.

* If **"Yes,"** attach the applicable peer review documents as required if not previously provided to the OAB:

Unmodified Reports (with or without comments)	**Adverse or Modified Reports**
□ Peer Review Report □ Final Letter of Acceptance from the Sponsoring Organization	□ Peer Review Report □ Letter of Comments □ Letter of Response □ Signed Agreement to the Conditional Letter of Acceptance □ Final Letter of Acceptance from the Sponsoring Organization □ $100 Peer Review Report Fee
Peer Review Enrollment Confirmation**	
□ 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).