Revised 11/2010

Candidate File No._____

OKLAHOMA ACCOUNTANCY BOARD (OAB)
201 Northwest 63rd Street, Suite 210, Oklahoma City, Oklahoma 73116
(405) 521-2397 www.ok.gov/oab

QUALIFICATION APPLICATION FOR ELIGIBILITY CERTIFIED PUBLIC ACCOUNTANT AND PUBLIC ACCOUNTANT

Answers marked with an " * " require additional information.
PRINT IN INK OR TYPE ALL INFORMATION

The attached instructions are an important element to completing the application.

I hereby make the following declarations in connection with this application:

1. Full Name ☐ Ms. ☐ Mr. _____
(First) (Middle Name) (Last) (Lineage)

2. Address Where You Reside: _____
(Number and Street) (City and State) (Zip Code)

3. Mailing Address _____
(Number and Street or PO Box) (City and State) (Zip Code)

4. I am making application to determine eligibility for the following examination: ☐ CPA ☐ PA

5. Social Security Number: _____-_____-_____ Date of Birth: _____

6. Daytime Telephone ( ) _____ Home Telephone ( ) _____

7. Have you ever applied for the CPA or PA examination before? ☐ No ☐ Yes Where:_____

8. I am applying to transfer partial credits from another jurisdiction. ☐ No ☐ *Yes

9. Do you have a disability requiring accommodations to take the examination? ☐ No ☐ *Yes

10. Are you a United States Citizen? ☐ No ☐ Yes

11. Are you in the United States on a Visa status? ☐ No ☐ Yes

If "yes" indicate type of visa:

☐ *Permanent Resident Alien visa ☐ *Student visa
☐ *Non Immigrant/Temporary visa ☐ *Other type of visa

RESIDENCE

12. Do you reside in the state of Oklahoma? ☐ No ☐ Yes

13. Beginning date of uninterrupted Oklahoma residence: Month_____ Day _____ Year_____

14. Are you employed in the state of Oklahoma? ☐ No ☐ Yes

    If no, in what state are you employed? _____

15. To what state do you pay state income tax? _____

16. Are you a student attending college in Oklahoma? ☐ No ☐ Yes

17. Are you a student attending college in a state other than Oklahoma? ☐ No ☐ Yes

    If yes, what is your tuition status? ☐ Resident ☐ Non-Resident

18. Are you in military service? ☐ No ☐ *Yes

MORAL CHARACTER

19. Have any of the following events **ever** occurred <u>that have not been previously reported to the OAB</u>: (1) have you been arrested; (2) have you been charged with a crime or are any charges against you pending at this time; (3) have you pled guilty or nolo contendere to any charge(s), (4) have you been convicted of a crime? If yes to any of these questions, attach a written explanation. (See enclosed information sheet regarding disclosure)
    ☐ No ☐ *Yes

20. Have you ever been denied the right to sit for the CPA/PA Examination? ☐ No ☐ *Yes

    By which jurisdiction(s):_____

21. Have you ever had a CPA certificate or a PA license of any jurisdiction or foreign country cancelled, revoked or suspended or have you ever had an annual permit/license refused for renewal? ☐ No ☐ *Yes

    By which jurisdiction(s):_____

22. Have you **ever** had any professional credential cancelled, revoked or suspended by enforcement action? If yes, attach a written explanation. ☐ No ☐ *Yes

STATUS

23. a.) Check only one: ☐ Student ☐ Unemployed ☐ Employed/self employed ☐ Military

    b.) Inclusive Dates ____MO_____DAY_____ YR to **PRESENT** **(date of signing the application)**

    c.) If employed or self-employed:

    Business name: _____

    Business address: _____

EDUCATION

24. List of colleges and universities:

Name of College/University	State where College /University is located	Date of Degree (mm/dd/yyyy)	Type of Degree Earned
1)			
2)			

PHOTOGRAPH:

25. See instruction sheet for specific information about photograph.

STAPLE HERE

FURNISH A RECENT 2 X 2 PASSPORT TYPE PHOTOGRAPH
POLARIDS, SCANNED OR CUT OUT PHOTOS NOT ACCEPTED
(HEAD & SHOULDERS ONLY)

PREVIOUS PERSONAL INFORMATION

(If "Yes" to question 7, questions 26-28 are required)

26. Full Name ☐ Ms. ☐ Mr. _____
(First) (Middle Name) (Last) (Lineage)

27. Previous Address: _____
(Number and Street) (City and State) (Zip Code)

28. Telephone ( ) _____

CURRENT CONTACT INFORMATION

29. Current e-mail Address: _____ Fax ( ) _____

30. List two individuals (not employer) where the Board may leave messages for you.

Name Phone Number

1) _____

2) _____

SECURITY QUESTION

31. Mother's Maiden Name: _____

APPLICANT'S ATTESTATION

- I hereby certify to the best of my knowledge that the information given in this application is true and correct and that I have not willfully omitted or suppressed any information which might have a bearing on the application.
- I also certify that I have read the Oklahoma Accountancy Act and Title 10 of the Oklahoma Administrative Code and will hereafter comply with the provisions thereof.
- I agree to comply with the uniform procedures governing the confidentiality of the nondisclosed examination.
- I understand that if I am a party to any breach of confidentiality or examination security I will be subject to action by the Board which may affect my status as an examination candidate.
- I authorize the Board to release to the National Association of State Boards of Accountancy (NASBA) such information as is necessary for my inclusion in the National Candidate Database, including but not limited to Social Security number and examination scores.
- I understand that the Board's liability for any loss or claim resulting from the administration of the examination is limited to the amount of the current examination fee paid.
- I understand that OAB may obtain a background check as one method to verify good moral character and adherence to the Professional Code of Conduct.

ALL APPLICANTS MUST SIGN AND DATE

32. _____ _____ _____

Print your name **Sign your name in ink** **Date**

OKLAHOMA ACCOUNTANCY BOARD

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Option 1 - Verification of U. S. Citizenship

Affidavit of _____
[Print Applicant Name legibly]

STATE OF _____)
COUNTY OF _____) ss:

_____, of lawful age, being first duly sworn, upon his or her oath states, [Applicant's Name]

under penalty of perjury, as follows:

[ ] I am a United States Citizen.

Option 2 - Verification of Qualified Alien Status

Affidavit of _____
[Print Applicant Name legibly]

STATE OF _____)
COUNTY OF _____) ss:

_____, of lawful age, being first duly sworn, upon his or her oath states, [Applicant's Name]

under penalty of perjury, as follows:

[ ] I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20___, by _____.
[Applicant]

_____
NOTARY

My Commission Numbered _____
Expires: _____ (Seal)