

PART III: CPE REPORTING INFORMATION – REQUIRED

7. I am reporting _____ total CPE credits:
8. Of the total credits reported in the preceding question, (include any credits for ethics in the appropriate field) I earned:
- _____ credits related to professional ethics
- _____ credits related to the practice of public accounting in areas **OTHER THAN** taxation, accounting or assurance
- _____ credits **SPECIFICALLY RELATED** to the areas of taxation, accounting, or assurance
- _____ credits related to my industry, governmental, or academic position
- _____ credits related to the performance of compilations
9. Indicate appropriate compliance period:
- a. _____ All CPE credits were earned in the previous calendar year **OR**
- b. _____ All CPE credits were earned in the 365-day period immediately preceding my official application date.

My certificates of completion are attached. A minimum of 40 CPE credits are required to obtain a permit.

PART IV: APPLICATION FOR PERMIT TO PRACTICE PUBLIC ACCOUNTING

10. _____ 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

11. Do you perform: **Audits/Reviews?** Yes No **Compilations?** Yes No
12. Do you perform audits for governmental entities? Yes No
- If yes, have you filed the Registration Form for Independent Auditors Engaged in Audits of Governmental Entities as required? Yes No
13. Have you had a peer review? Yes No
14. If "**No**" to Question 13, provide the engagement date of the first audit or review engagement performed: _____.
(Not applicable if you only perform Compilations).
- 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"/> Enrollment in an OAB approved peer review program is required within 12 months of performing initial audit or review engagement.	

PART VI: ATTESTATION - REQUIRED

- | | Yes | No |
|--|--------------------------|--------------------------|
| 15. Have any of the following events ever 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? If yes to any of these questions, attach a signed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I attest that all the information that I have provided is true and correct. I further understand that I am subject to and will abide by the Oklahoma Accountancy Act, the Board's rules, and the American Institute of Certified Public Accountants' Code of Professional Conduct. | | |

Signature: _____ Date: _____

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).