

OKLAHOMA ACCOUNTANCY BOARD (OAB) INSTRUCTIONS FOR RECIPROCAL APPLICANTS

Pursuant to Section 10:15-21-1(b) of the Oklahoma Administrative Code: “The application for a reciprocal certificate or license shall be filed within one hundred twenty (120) days of employment with a public accounting firm located in this state or engaging in the practice of public accounting in Oklahoma.”

When reading the instructions and completing the forms included with the reciprocal application packet, please note that all references to the “Act” refer to the Oklahoma Accountancy Act and references to the “Code” refer to the Oklahoma Administrative Code.

Application for Reciprocal CPA Certificate or PA License

OAB FORM R008 - Required of all applicants

This form is to be completed with all information requested. **Sections III and V require that you submit additional documents (e.g. transcripts, letters verifying experience, etc.) as a part of the application, so you may wish to review these sections of the application first.** The application must be submitted to the OAB within 60 days of the date of your signature. If the application is received after 60 days, the application will be returned unprocessed.

Authorization For Interstate Exchange of Examination and Licensure Information Form

OAB FORM E002

Unless you are applying under Option 5, this form must be completed by the original certifying state board and any state boards that have issued you a reciprocal certificate/license and submitted with the reciprocal application form. The Act and the Code base reciprocity on a valid certificate or license issued by examination from another jurisdiction.

Interim Permit Application/CPE Reporting Form

OAB FORM R002 - Required of all applicants

If you are practicing public accounting in Oklahoma or come into Oklahoma to serve clients from out of state, you are required by law to hold a permit to practice public accounting, unless you are entering the state under the mobility provisions of Section 15.12A of the Act. If you are applying for a permit to practice, you must also submit documentation (CPE certificates) verifying 40 hours of CPE obtained in the calendar year preceding the date of the application or in the 365 days preceding the date of the application. For assistance on CPE requirements, please contact the CPE Coordinator at (405) 522-3092.

If you are not employed by a public accounting firm or practicing public accounting, you are not required to apply for a permit; however, you may be required to report CPE pursuant to Section 10:15-30-5 of the Code.

Experience Verification Form

OAB FORM E004 - Required of applicants applying under Option 1C

Pursuant to Section 15.13(A) of the Act, those applying under Option 1C must meet the requirements for issuance of a certificate or license in the State of Oklahoma on the date of making application. One

such requirement is that applicants have one (1) year of experience providing a type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. Pursuant to Section 10:15-3-2(3) of the Code, eighteen hundred (1,800) hours of part time or full time work experience will be considered as one (1) year of experience. The work experience must have been obtained within the four (4) years immediately prior to filing the application. This requirement may be satisfied through work experience in government, industry, academia, or public practice. **NOTE:** For those whose experience is in public practice, in lieu of completing OAB Form E004 a letter from the applicant's employer and/or former employers attesting to the nature and inclusive dates of the qualifying experience may be submitted. Such letter(s) must be on firm letterhead, must be signed by an equity owner of the firm, and must include the attester's position with the firm.

AICPA Professional Ethics Examination

Required of all applicants

You must provide evidence of successful completion of "Professional Ethics: The AICPA's Comprehensive Course" or its equivalent as part of the requirement for certification [Section 15.9(F) of the Act].

Is there a specific ethics examination that must be taken?

The OAB will accept the AICPA's self-study course entitled "Professional Ethics: The AICPA's Comprehensive Course." A substitute course may be acceptable to the OAB as well. OAB policy requires that an equivalent ethics examination course be a minimum of 8 hours in length to be considered. Sufficient information would need to be submitted to the OAB for it to determine at its next regularly scheduled meeting whether the alternative course is equivalent in content to the AICPA course.

What determines "successful completion" of the ethics examination?

OAB policy establishes a minimum score of 90% for successful completion of the AICPA ethics examination or its equivalent.

What if I took the AICPA's Ethics Examination several years ago? Do I have to take it again?

Not for certification. However, if the ethics examination course is to be counted toward the CPE required for the initial permit to practice public accounting, it must have been completed during the same period as the remaining CPE reported to obtain the permit.

What is the process for meeting the ethics examination requirement?

- Ordering "Professional Ethics: The AICPA's Comprehensive Course"

The course is available in either textbook or CD ROM format. Whichever format you choose, the course is exactly the same.

You may order the course from the AICPA either online through www.cpa2biz.com or by telephone (888-777-7077).

The course also may be available through your state's professional societies.

- Cost

The cost is subject to change.

- Grading

You must indicate when you submit your examination for grading that you are submitting it for certification purposes for Oklahoma. A score of 90% or better is required.

- Process and Expected Time Frame for Grading

To expedite the process considerably, it is recommended that you use the AICPA's Online Grading System. If you pass the examination with a score of at least 90%, you will be sent by e-mail a PDF file of your certificate of completion. The AICPA will also send you an electronic page that provides your name, the date you completed the course, the course code, the course name, and your score. Attach a copy of the certificate to the application.

What if I don't pass the ethics examination the first time I take it? Will I be allowed to re-take it?

Yes. You may take the examination using the online grading system up to three times. If you still have not passed, you may continue to re-take the examination as many times as necessary, but you would not be able to take it online.

Can I count the CPE credits for the Ethics Examination course toward the CPE requirements for my permit to practice?

In order for the Ethics Examination course to count toward the CPE credit required for the permit, Section 10:15-30-3 of the Code provides that it must have been completed during the same period as the remaining CPE reported to obtain the permit. All CPE reported for the initial permit must have been earned either in the preceding calendar year or within the 365-day period immediately preceding the date of the permit application. The CPE for the course cannot be split between two different compliance periods.

Background Checks

The OAB may obtain a background check as one method to verify good moral character and adherence to the professional code of conduct.

General Information

You must complete and submit all applicable forms and fees (together as a single submission) to the OAB. Fees may be paid with one check. Please feel free to contact the Licensing Coordinator for assistance at (405) 522-3091.

The registration of certificates/licenses and all permits to practice lapse on the last day of a registrant's birth month. If you keep the OAB advised of your current mailing address you will be notified by the OAB before your registration and, if applicable, your permit expires. Please note that pursuant to Section 15.14(H) of the Act, notifications of criminal arrests or charges, disciplinary actions by any other jurisdiction or foreign country, revocation or suspension by enforcement action of any professional credential and all changes of employment or mailing address must be reported to the Board within 30 days of such changes becoming effective.

CHECKLIST

Return the application form with the following:

Required of all Applicants:

- ___ Interim Permit Application – OAB FORM R002
- ___ Copy of Certificate of Completion for AICPA Ethics Examination **(must have score of 90% or better)**
- ___ Check or money order payable to the OAB for the following fees:

Application Fee	\$120.00
Registration Fee	50.00
Permit Fee (if applicable)	\$100.00

Required Depending on Option Selected:

- ___ Interstate Exchange of Information Form – OAB FORM E002 **(must be completed by the certifying jurisdiction) – (Required unless applying under Option 5)**
- ___ Letter(s), or completion of OAB FORM E004, for verification of 1,800 hours of experience within four years application date. **(Required under Option 1C)**
- ___ Letters verifying four years (7,200 hours) of experience practicing public accounting as a certified public accountant or public accountant pursuant to the laws of any jurisdiction (See Section 15.1A(25) and Section 15.13(B) of the Act). **(Required if applying under Option 4)**
- ___ Official transcripts **(Required under Option 1A, 1B, 1C, 2 or 3)**
- ___ Documentation verifying experience earned prior to initial certification. **(Required under Option 3 combination of experience and education)**
- ___ A copy of the substantial equivalency report from the NASBA National Qualification Appraisal Service. **(Required under Option 5)**

Required if applying for Permit:

- ___ Certificates verifying completion of 40 hours of qualifying continuing professional education earned during the calendar year preceding the date of application or during the 365-day period immediately preceding date of application. NOTE: If the ethics examination course is to be counted toward the CPE required for the permit, it must have been completed during the same period as the remaining CPE reported to obtain the permit.



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Executive Director

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APPLICATION FOR RECIPROCAL CPA CERTIFICATE OR PA LICENSE

Section 15.13 of the Act sets forth the requirements which applicants for reciprocity must satisfy. Please refer to the schedule of fees in the Instruction Checklist. The OAB requires that the fees be submitted in the form of a check or money order payable to the OAB.

I hereby make application for:

- A certificate as a Certified Public Accountant **OR** A license as a Public Accountant
- A Permit to Practice Public Accounting

SECTION I - PERSONAL INFORMATION

1. Full Name _____
2. Residence Address _____
(Number and Street) (City, State and Zip Code)
3. Mailing Address _____
(City, State and Zip Code)
4. Daytime Phone: _____ 5. Email: _____
6. Date of Birth _____ 7. Social Security No. _____

SECTION II - CERTIFICATE AND LICENSE INFORMATION

8. Have you ever held an Oklahoma CPA certificate or PA License? _____
(Yes or No)
If yes, you must meet eligibility requirements for reinstatement.
9. What state issued your first CPA certificate or PA license by examination?
_____ In what year? _____
10. Are you currently authorized to practice public accounting? _____
(Yes or No)
If yes, in what state(s)? _____

SECTION III - ELIGIBILITY

11. I am qualifying for an Oklahoma reciprocal certificate or license based on the following eligibility as specified in Section 15.13 of the Oklahoma Accountancy Act.

Check Applicable Boxes

**SELECT OPTION 1A, OPTION 1B, OPTION 1C, OPTION 2, OPTION 3, OPTION 4 OR OPTION 5
DO NOT SELECT MORE THAN ONE OPTION**

OPTION 1

I presently hold a valid certificate or license based on examination. I am currently authorized to practice public accounting in another jurisdiction. I meet the education/experience requirements for issuance of a certificate or license in Oklahoma as indicated below:

If applying under this Option official transcript(s) bearing the seal and signature of the registrar must accompany the application. *If college credits are reflected in quarter hours, each quarter hour of credit is considered as two-thirds of one semester hour when determining eligibility.

A. For persons who were certified PRIOR to July 1, 2003:

I meet the following EDUCATION REQUIREMENTS:

- Graduate of an accredited four-year college or university; **and**
- 30 semester* hours of accounting courses including at least one course in auditing; **and**
- 18 semester hours of business related courses in any or all of the subjects of economics, statistics, business law, finance, business management, marketing, business communication, financial information systems or computer science.

B. For persons who were certified AFTER July 1, 2003 but before November 1, 2004:

I meet the following EDUCATION REQUIREMENTS:

- Graduate of an accredited four-year college or university; **and**
- 150 semester* hours, or the equivalent thereof, of college education with a minimum of 76 semester* hours earned at the upper-division level of college; **and**
- 36 semester* hours of accounting above principles of accounting or introductory accounting, or the equivalent thereof, at least one of which shall be in auditing.

C. For persons who were certified AFTER November 1, 2004:

I meet the following EDUCATION and EXPERIENCE REQUIREMENTS:

- Graduate of an accredited four-year college or university; **and**
- 150 semester* hours, or the equivalent thereof, of college education with a minimum of 76 semester* hours earned at the upper-division level of college; **and**
- 30 semester* hours of accounting above principles of accounting or introductory accounting, or the equivalent thereof, at least one of which shall be in auditing.
- Completion of eighteen hundred (1,800) hours of work experience in accounting as described in Section 15.9(E) of the Oklahoma Accountancy Act. Such work experience was obtained within the four (4) years immediately prior to filing this application.

OPTION 2 - For persons who were certified PRIOR to July 1, 1996:

I presently hold a valid certificate or license based on examination. On the date my original certificate or license was issued by the other state, District of Columbia or U.S. territory, I met the education and/or combination of education and experience requirements in effect on that date for issuance of a certificate or license in Oklahoma. **Please indicate below how you qualify:**

I meet the education requirements as set forth in Option 1(A); OR

I meet the following combination of Education and Experience requirements:

- On the date of issuance of my certificate/license, I had completed three (3) years of public accounting experience or its equivalent and graduated from high school or its equivalent. (Equivalent accounting experience to consist of work of a responsible and non-routine accounting nature which requires independent judgment on accounting matters.)

Letters from your employer and/or former employers attesting to the nature and inclusive dates of the qualifying experience must be furnished with the application. Each letter must be signed by an equity owner of the firm and include the attester's position with the firm. Proof of high school graduation (an official high school transcript) or its equivalent must be furnished with the application.

OPTION 3 - For persons who became a candidate prior to July 1, 2003:

I presently hold a valid certificate or license based on examination. I am currently authorized to practice public accounting in another jurisdiction. I met on the date of becoming a **candidate** in another jurisdiction, the following requirements of becoming a candidate in the State of Oklahoma, except for residency:

- Graduate of an accredited four-year college or university; **and**
- 30 semester* hours of accounting courses including at least one course in auditing; **and**
- 18 semester hours of business related courses in any or all of the subjects of economics, statistics, business law, finance, business management, marketing, business communication, financial information systems or computer science.

OPTION 4

I have completed four (4) years of experience **practicing as a certified public accountant or public accountant** pursuant to the laws of the District of Columbia or any state or territory of the United States. Such experience has occurred within the ten (10) years immediately preceding the application.

Letters from your employer and former employers attesting to the nature and inclusive dates of the qualifying public accounting experience with that employer must be furnished with the application. Each letter must be on firm letterhead, must be signed by an equity owner of the firm, and must include the attester's position with the firm.

OPTION 5

I am currently authorized to practice public accounting in another jurisdiction. My CPA qualifications have been reviewed by the NASBA National Qualification Appraisal Service and have been deemed substantially equivalent to the CPA licensure requirements of the AICPA/NASBA Uniform Accountancy Act.

A copy of the substantial equivalency report from the NASBA National Qualification Appraisal Service must be furnished with the application.

SECTION IV - CHRONOLOGICAL STATEMENT

12. Show below a complete statement of your time for the **last ten years**:
 (Show all employment, even if on contract or part-time basis. If there are periods of unemployment, please so indicate.)

Inclusive Dates (MO/YR)		Employed By	Job Title/ Position	City and State	Public Accounting?	
From	To				YES	NO
_____	_____	_____	_____	_____	_____	[] []
_____	_____	_____	_____	_____	_____	[] []
_____	_____	_____	_____	_____	_____	[] []
_____	_____	_____	_____	_____	_____	[] []
_____	_____	_____	_____	_____	_____	[] []
_____	_____	_____	_____	_____	_____	[] []

(Use continuing sheets, if required)

SECTION V - MORAL CHARACTER

13. Have any of the following events ever occurred: (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? _____. (Yes or No) **IF YES**, attach a detailed explanation of each charge, identify the jurisdiction in which it was filed and furnish with this application a copy of the court documents reflecting the final disposition of the charge.

14. Have you ever been disciplined or had a CPA certificate or PA license of any other state, territory or foreign country cancelled, revoked or suspended or have you ever been refused licensing or renewal of a license or permit by any regulatory agency; or are any disciplinary actions pending at this time? _____. (Yes or No) **IF YES**, attach a written explanation.

15. Have you ever voluntarily surrendered your right to practice or been barred or suspended from practice by any Federal or State regulatory authority? _____. (Yes or No) **IF YES**, attach a written explanation.

16. Have you ever had any professional credential cancelled, revoked or suspended by enforcement action? _____. (Yes or No) **IF YES**, attach a written explanation.

**SECTION VI - IDENTIFICATION AND INFORMATION
FOR CERTIFICATE/ LICENSE ISSUANCE**

PHYSICAL DESCRIPTION:

Height: _____ Feet _____ Inches Weight: _____ lbs

Color of Eyes: _____ Color of Hair: _____

PLEASE FURNISH A RECENT
2" X 2" PASSPORT TYPE
PHOTOGRAPH
(HEAD & SHOULDERS)
POLAROID & SCANNED
PHOTOS NOT
ACCEPTED.
AFFIX WITH GLUE
OR TAPE

Please list below all names you have previously used (or show "n/a"):

Please **print** your name **precisely** as you wish to have it inscribed on your CPA certificate/PA license.

SECTION VII - APPLICANT'S ATTESTATION

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, etc.).

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.

I hereby certify that the foregoing statements are true and correct and that I have not omitted or suppressed any information which would have a bearing on this Application. I further certify that I have read the Oklahoma Accountancy Act and Oklahoma Administrative Code, including Subchapter 39, the Rules of Professional Conduct, and I will comply with the provisions thereof.

Signature of Applicant

Date Signed

NOTE: All applicable fees must be submitted with the application.

16. Have you had a peer review for the performance of audits or reviews? _____ Yes _____ No
17. If “Yes” to Question 16, provide the peer review year end date for the most recent report submitted to the OAB: _____ *Attach the applicable peer review documents as required if not previously provided to the OAB.
18. If “No” to Question 16, provide the engagement date of the first audit or review performed: _____ ** Attach the applicable peer review enrollment documents as required if not previously provided to the OAB.

*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

19. 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)

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).



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**AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION
AND LICENSURE INFORMATION**

This form is essential to your application. Before your application will be accepted for processing you must have certain information verified by the board of accountancy in the state where you took the Uniform CPA Examination. **Please complete the initial portion of this form and forward it to the board of accountancy where examination credits and/or status as a CPA were first established. That board will then complete the remainder of this form (Section A-C) and return the form to you so you may file it as a part of your application.** You may wish to check with the other board before forwarding this form to determine whether they have additional requirements or a fee for processing this request. Any fee must be paid by the applicant.

THIS SECTION TO BE COMPLETED BY THE APPLICANT (Please type or print legibly).

Mr.
Ms.
Mrs.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden Name
_____			_____
Current Mailing Address			CPA Certificate Number (If Applicable)
_____	_____	_____	_____
City	State	Zip Code	
_____		_____	_____
Telephone (during normal business hours)		Date of Birth	Social Security Number

I hereby request and authorize the _____ Board of Accountancy to provide all information requested by this form to the Oklahoma Accountancy Board to complete an application I will be filing with that agency.

_____	_____
Applicant's Signature	Date Signed

SECTIONS A THRU C ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY

Section A: VERIFICATION OF EXAMINATION CREDITS

The following are grades earned on the Uniform CPA Examination by the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section C of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Examination was used; or if there is any reason why the grades should not be accepted). If continuation sheets are used, please sign and seal each sheet. **Please list all grades including failing grades on all sittings recorded for applicant**

Please list all grades including failing grades on all sittings recorded for applicant

Date of Examination	AICPA ID Number	AUDIT AUD Audit	BEC LPR (Business Law)	FARE (Theory)	REG ARE (Practice)

1. Was the applicant ever denied admission to the examination? ____ Yes ____ No
(If yes, please explain in Section C)
2. If the applicant has not completed the CPA Examination, are there any restrictions preventing him/her from sitting in your state? ____ Yes ____ No (If yes, please explain in Section C)

3. Number of subjects in which candidate presently holds conditional credit, if any _____
4. Date credits/grades expire, if any _____
5. Does applicant hold a CPA certificate in your state? ____ Yes ____ No **If so, complete Section B.**

SECTION B: CERTIFICATE AND LICENSE/PERMIT STATUS

Part I: Certificate as a Certified Public Accountant

1. The applicant holds an original CPA Certificate as indicated which is in good standing unless otherwise noted in Section C of this form

_____ CPA Certificate Number _____ Date of Issue

2. Has there ever been any disciplinary action taken against the applicant? ____ Yes ____ No
(If yes, please explain in Section C)

Part II: License/Permit to Practice Public Accounting

(If licensing is the responsibility of another agency, please forward this form and request completion of the applicable section)

1. Has this applicant ever been authorized to practice public accounting in your state? ____ Yes ____ No
2. Expiration Date of Current License/Permit: _____
3. If the applicant does not hold a license by your Board, please indicate the requirement(s) to be met for issuance or reinstatement of the permit:

- _____ License/permit not required for this applicant
- _____ Pay appropriate fee and/or post bond
- _____ Complete acceptable accounting/auditing experience
- _____ Satisfy continuing professional education requirements

Other (please specify): _____

SECTION C: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED

(Board seal and official signature must be affixed to any continuation sheets used)

The information provided herein is correct to the best of our knowledge

BOARD SEAL

Board/Agency

Signature of Authorized Person

Title

Date



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EXPERIENCE VERIFICATION FORM
(THIS FORM MAY BE REPRODUCED)

Applicant must complete a form for each separate period of employment or self employment to establish one year experience (1800 hours). Work experience must have been obtained within the four (4) years immediately prior to filing the experience declaration form. Section 15.9(E) of the Oklahoma Accountancy Act states "An applicant for initial issuance of a certificate or license under this section shall show that the applicant has had one (1) year of experience. Experience shall be defined by the Board by rule and shall include providing a type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills, all of which shall be verified by a certificate or license holder or an individual approved by the Board. Upon completion of the requirements of Section 15.8 of this title, a qualified applicant for the examination may take the certified public accountant or public accountant examination prior to earning the experience required in this subsection, but shall not be issued a certificate until the experience requirement has been met."

DO NOT FILE THIS FORM UNTIL YOU RECEIVE OFFICIAL NOTIFICATION FROM THE BOARD THAT YOU HAVE SUCCESSFULLY PASSED THE EXAMINATION

Applicant's full name: _____ Date: _____
(Print name as it currently appears on OAB records)

Applicant must complete a declaration form for each separate employment or self employment to establish one year of verifiable work experience (1800 hours). Please print legibly to avoid processing delay.

1. Mark appropriate option (choose one): [] Full-time employment [] Part-time employment [] Self-employment
2. List start date, end date and total hours for work experience obtained within the last (4) years only. Use mm/dd/yy format: Start Date: _____ End Date: _____ Total hours: _____
3. CPA Certificate or PA License number of the verifier, if applicable, and state of licensure:
Certificate/License #: _____ State of Licensure: _____
4. Verifier's relationship to applicant: _____
5. Verifier's name and title : _____
6. Verifier's business name: _____
7. Verifier's business address: _____
8. Verifier's daytime phone number, including area code: (____) _____
9. I hereby certify that during the period of time shown above I was engaged in employment which required me to perform the following type of accounting activity (chosed one):
[] Public [] Government [] Industry [] Academia
10. Summarize your accounting related work experience during this time period:

PLEASE READ, SIGN & DATE

I understand that the Board will verify this information to the extent it deems necessary to establish that I have satisfied the eligibility requirements set forth in Section 15.9E of the Oklahoma Accountancy Act.

Signature of applicant: _____ Date: _____

Daytime Telephone Number: _____ Email: _____

THIS FORM MAY BE FAXED TO OAB: (405) 521-3118