

File No. _____



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Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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CERTIFIED PUBLIC ACCOUNTANT
**APPLICATION FOR ELIGIBILITY
TRANSFER OF ONE (1) TO FOUR (4) CREDITS**

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: _____
(First) (Middle Name) (Last) (Lineage i.e. Sr., Jr.)
2. Mailing Address: _____
(Number and Street or PO Box) (City and State) (Zip Code)
3. Daytime Telephone: () _____ Home Telephone: () _____
4. Date of Birth: _____ Email address: _____
5. Social Security Number: _____ - _____ - _____ Gender: ☐ Male ☐ Female
6. Mother's Maiden Name: _____
7. I am applying to transfer _____ credits from: _____
(# of credits)

Only submit the Experience Verification Form if you have passed all four (4) exam sections.

RESIDENCE

8. Are you a United States Citizen? ☐ Yes ☐ No
9. a.) Are you in the United States on a Visa status? ☐ Yes (**SUBMIT COPY**) ☐ No
b.) If "yes" indicate type of visa (**SUBMIT COPY**):
☐ Permanent Resident Alien visa ☐ Student visa
☐ Non Immigrant/Temporary visa ☐ Other type of visa: _____
c.) Visa Status expires (**SUBMIT COPY**): _____

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

11. Beginning date of uninterrupted Oklahoma residence: Month _____ Day _____ Year _____

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

If no, in what state are you employed? _____

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

14. Are you in military service? ☐ Yes ☐ No

STATUS - EDUCATION

15. Have you completed at least 150 overall semester hours? ☐ Yes ☐ No

16. If you answered "No" above, have you completed at least 120 overall semester hours? ☐ Yes ☐ No

STATUS - EMPLOYMENT

(Future information is not needed, state status as of the date signing the application)

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

b.) Date started ____ MO ____ DAY ____ YR

c.) If employed or self-employed:

Business name: _____

Business address: _____

PHOTOGRAPH

18. One 2 X 2 passport photograph.

TAPE HERE

ONE RECENT 2 X 2
PASSPORT TYPE
PHOTOGRAPH

DISCLOSURE

In answering the questions below, the individual should consider all enforcement charges such as but not limited to DUIs, false I.D., drug use, or any other acts classified under state law as criminal (minor traffic violation excluded). In addition, you should include any charges or enforcement action that has caused a professional credential or license to be cancelled, revoked or suspended.

If the answer to the moral question is "yes" but is answered "no" and the individual signs the attestation, the individual has filed a fraudulent application.

The OAB obtains background checks. The first one is a part of the qualification application process. If there is an entry reported on your record and you have not provided the required explanation and documents, you are in violation of the Oklahoma Accountancy Act.

CRIMINAL

If yes to any of these questions, attach a signed letter of explanation of the event(s) that occurred, why the Board should allow you to sit for the examination and any court documentation

19. Have any of the following events **ever** occurred that have not been previously reported to the OAB: (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 signed letter of explanation of the event(s) that occurred, why the Board should allow you to sit for the examination and any court documentation. ☐ *Yes ☐ No
20. Have you ever been denied the right to sit for the CPA Examination?
By which jurisdiction(s): _____ ☐ *Yes ☐ No
21. Have you ever had a CPA certificate of any jurisdiction or foreign country cancelled, revoked or suspended or have you ever had an annual permit/license refused for renewal?
By which jurisdiction(s): _____ ☐ *Yes ☐ No
22. Have you **ever** had any professional credential cancelled, revoked or suspended by enforcement action? If yes, attach a written explanation ☐ *Yes ☐ No

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 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 ascertain criminal history and adherence to the Professional Code of Conduct.

MUST SIGN AND DATE

23. _____
Print your name **Sign your name** **Date**

OKLAHOMA ACCOUNTANCY BOARD

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Affidavit of: _____
(Print or type Applicant's Full Name)

STATE OF _____)

COUNTY OF _____)

I, _____, of lawful age, being first duly sworn upon his or her oath,
(Applicant's Name) states under penalty of perjury, as follows:

Initial one Option below:

_____ Option 1 – Verification of U.S. Citizenship: I am a United States Citizen.

_____ Option 2 – Verification of Qualified Alien Status: I am a qualified alien under the federal Immigration and Naturalization Act, and am lawfully present in the United States. My Qualified Alien Status expires on: _____.

(Signature of Applicant)

To Be Completed By Notary:

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____, by

(Applicant's Name)

NOTARY

(Seal)

My Commission Expires: _____

My Commission Number: _____