

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 typewritten or completed in ink with all information requested. **Part III requires 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.

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.

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.

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

Ethics Examination FAQs

Am I required to complete an ethics examination? All applications for certificates must provide evidence of successful completion of the AICPA's comprehensive ethics examination self-study course or its equivalent as determined by the OAB.

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 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? You do not have to take the exam again if you can submit sufficient documentation to show you successfully completed the exam (score of 90% or above).

What is the process for meeting the ethics examination requirement?

- Ordering – "Professional Ethics: The AICPA's Comprehensive Course" is ordered through www.aicpastore.com and is available as a text book or online.
- Grading – 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.

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? Yes, if the course was taken during an applicable CPE compliance period. Like any other CPE course, it cannot be split between two different compliance periods.

Background Checks

The OAB may obtain a background check as one method to ascertain criminal history and adherence to the professional code of conduct. The cost of \$15 for the Criminal History Search will be paid by the applicant.

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.

NOTE: Oklahoma statute and registration rules require that individual Certificates and Licenses shall be renewed annually prior to the last day of a registrant's birth-month. Fees cannot be prorated. If you have questions about filing a Reciprocal Application shortly before or during what would be your renewal period, please contact the Oklahoma Accountancy Board.

CHECKLIST

Return the application form with the following:

Required of all Applicants:

- ☐ Copy of Certificate of Completion for AICPA Ethics Examination **(must have score of 90% or better)**
- ☐ Affidavit of Lawful Presence in the United States
- ☐ Check or money order payable to the OAB for the following costs:

Application Fee	\$145 (Non-refundable)
Registration Fee	\$75 (\$50 if age 65 or older)
Criminal History Search	\$15
Basic Fees Due	\$235 (\$210 if age 65 or older)
Optional Fees: (mark if applicable)	
<input type="checkbox"/> Permit Fee	\$125
Total Fees Enclosed	\$

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.



Ashley Plyushko, CPA
Executive Director

Application No. _____

OKLAHOMA ACCOUNTANCY BOARD
201 NW 63rd Street, Suite 210
Oklahoma City, OK 73116
Ph: (405) 521-2397 Fax: (405) 521-3118
www.ok.gov/oab

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. (NOTE: Application must be typewritten or completed in ink.)

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

PART I: INFORMATION OF RECORD – REQUIRED

1. Name on Certificate: _____

2. Mailing Address: _____
(Number and Street) (City and State) (Zip Code)

3. Email Address: _____

4. Primary Phone: _____ 5. Secondary Phone: _____

6. Date of Birth: _____ 7. Social Security Number: _____ - _____ - _____

8. Employment: **Check all that apply in each group below:**

Classification: ☐ Public Accounting ☐ Industry ☐ Government/Educator

Role: ☐ Sole Proprietor ☐ Partner ☐ Shareholder ☐ Member (LLC or PLLC) ☐ Owner ☐ Staff/Employee

Business Name or Employer: _____

Business Address: _____
Address City State Zip Code

Changes of employment, professional status or mailing address MUST be reported to the OAB within 30 days of the change

PART II - CERTIFICATE AND LICENSE INFORMATION

9. Have you ever held an Oklahoma CPA certificate or PA License? Yes ☐ No ☐

If yes, you must meet eligibility requirements for reinstatement.

10. What state issued your first CPA certificate or PA license by examination?

_____ In what year? _____

11. Are you currently authorized to practice public accounting? Yes ☐ No ☐

If yes, in what state(s)? _____

PART III: APPLICATION FOR PERMIT TO PRACTICE PUBLIC ACCOUNTING - REQUIRED

12. I am applying for a permit to practice public accounting. 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 reciprocal requirement. Attach a copy of the certificate of completion and/or the electronic page from the AICPA showing your score. Yes ☐ No ☐ (If 'No', skip to Part IV)

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

13. I have completed _____ total CPE credits:

14. 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 application date.

PART IV: ACCOUNTING SERVICES PERFORMED - REQUIRED

15. Check all services associated with accounting work performed whether for an employer, the public, anyone other than yourself, or non-compensated services for immediate family members.

- ☐ Audits/Reviews ☐ Compilations ☐ Attest services ☐ Investment counseling ☐ Tax planning services
☐ Tax return preparation ☐ Financial planning ☐ Bookkeeping ☐ Management advisory services

Note: You must notify the Oklahoma Accountancy Board (OAB) within thirty days if you perform any attest engagements as a non-incorporated sole-proprietor.

PART V - ELIGIBILITY

16. I am qualifying for an Oklahoma reciprocal certificate or license based on the following eligibility as specified in Section 15.13 of the 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; **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 meet the current education and experience requirements for issuance of a certificate or license on the date of making application:

☐ **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; **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. The auditing or assurance course must have a concentration on external auditing standards including but not limited to Statements on Auditing Standards (SAS); **and**
- 9 semester* hours of upper division-level related course credit in any or all of the subjects of economics, statistics, finance, business management, marketing, business law, business communication, risk management, insurance, financial information systems and computer science; **and**
- Completion of 1,800 hours of work experience in accounting as described in Section 15.9(E) of the 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.

PART VI - CHRONOLOGICAL STATEMENT

17. 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 (MM/YY) From To	Employed by	Job Title/Postion	City and State	Public Accounting
- Present				Y or N
				Y or N
				Y or N
				Y or N

(Use continuing sheets, if required)

PART VII - IDENTIFICATION AND INFORMATION FOR CERTIFICATE/ LICENSE ISSUANCE

PHYSICAL DESCRIPTION:

Height: _____ Feet _____ Inches Weight: _____ lbs

Color of Eyes: _____ Color of Hair: _____ Gender: M ____ F ____

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:

PART VIII - ATTESTATION

18. 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 ☐ **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.

19. 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 ☐ **No** ☐ **If 'Yes'**, attach a written explanation.

20. Have you ever voluntarily surrendered your right to practice or been barred or suspended from practice by any Federal or State regulatory authority?

Yes ☐ **No** ☐ **If 'Yes'**, attach a written explanation.

21. Have you ever had any professional credential cancelled, revoked or suspended by enforcement action?

Yes ☐ **No** ☐ **If 'Yes'**, attach a written explanation.

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 ascertain criminal history 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. Oklahoma statute and registration rules require that individual Certificates and Licenses shall be renewed annually prior to the last day of a registrant's birth-month. Fees cannot be prorated.



Ashley Plyushko, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
201 NW 63rd Street, Suite 210
Oklahoma City, OK 73116
Ph: (405) 521-2397 Fax: (405) 521-3118
Oklahoma.gov/oab

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).

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
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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	AUD	BEC	FAR	REG	BAR	TCP	ISC

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



Ashley Plyushko, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
201 NW 63rd Street, Suite 210
Oklahoma City, OK 73116
Ph: (405) 521-2397 Fax: (405) 521-3118
www.ok.gov/oab

EXPERIENCE VERIFICATION FORM

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

Pursuant to Section 10:15-3-2(3) of the Oklahoma Administrative Code, "Documentation has been provided that the certification applicant has a total of Eighteen hundred (1,800) hours of part time or full time work experience in accounting as described in Title 59, Section 15.9.E of the Act. Work experience must have been obtained within the four (4) years immediately prior to filing the application for certification. This requirement may be satisfied through work experience in government, industry, academia, or public practice. Acceptable work experience includes accounting, attest, tax, and related services."

Applicant's full name: _____ **Date:** _____

SECTION I - EMPLOYER INFORMATION

Employment type: ☐ Full-time ☐ Part-time ☐ Self-employment ☐ Internship*

**Note: Experience earned through an internship is not eligible if the applicant earned college credit for the internship and those credits were used to meet the educational requirements to sit for the CPA/PA exam.*

Employment classification: ☐ Public ☐ Government ☐ Industry ☐ Academia

Business Name: _____

Business Address: _____ Phone: _____

Start Date of Hours: _____ End Date: _____ Total hours**: _____

***Note: Regardless of start date, only report hours worked within the last four years.*

Summarize your accounting related work experience during this time period:

QUESTIONS CONTINUE, SIGN AND DATE ON REVERSE SIDE

SECTION II- VERIFIER'S INFORMATION

[] CPA or [] NON-CPA

Certificate/License #: _____ State of Licensure: _____

Verifier's name and title: _____

Relationship to Applicant: _____

Verifier's business name: _____

Verifier's business address: _____

Phone: _____ Email: _____

SECTION III – ATTESTATION

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: _____

Additional Information about the Experience Verification Process

- ✓ You may submit this form via fax (405)521-3118 or via email to okaccybd@oab.ok.gov
- ✓ Applicants must complete a separate form for each period of employment
- ✓ The Board will send correspondence to the listed verifier via email. Please allow 1-2 weeks for processing and response time.
- ✓ Once approved, you will receive an approval notification via email explaining the next steps in the certification process and info regarding the Application for Certification.
- ✓ Please hold on to your AICPA Ethics Comprehensive Course certificate. This document will need to be submitted with the Application for Certification.
- ✓ If you have any questions please feel free to contact the Board at (405) 521-2397.

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)

NOTARY

(Seal)

My Commission Expires: _____

My Commission Number: _____