OKLAHOMA ACCOUNTANCY BOARD ("OAB") TRANSFER OF CREDIT INSTRUCTIONS AND APPLICATION

INFORMATION FOR APPLICANTS TRANSFERING ONE (1) TO FOUR (4) EXAMINATION CREDITS

Citations refer to the Oklahoma Accountancy Act ("Act") and the Oklahoma Administrative Code ("Code"), which are available on the OAB's website.

Eligibility to Apply: All educational requirements to qualify must be met at the time the application is filed with the OAB. The OAB cannot waive any of the eligibility requirements.

Applicants may be asked to substantiate to the satisfaction of the OAB that they are residents of Oklahoma as required by Section 15.8.A of the Act. Former or future residence in the State of Oklahoma is not considered.

Affidavit Verifying Lawful Presence in the United States: All applicants submitting a qualification application must also submit the notarized affidavit form showing proof of lawful residence inside the United States.

Transfer of Credit Fee: A \$235* fee is required with the application. (*The Oklahoma Accountancy Board will perform an Oklahoma State Bureau of Investigation criminal history search on all applicants. The applicant is responsible for the \$15 cost of the background check. Transferring credits - \$145, Application Processing Fee - \$75, Criminal History Check - \$15, for a total of \$235)

Requirements to Qualify for Transfer of Credits (Section 10:15-18-13 of Code): Requires that you meet the Oklahoma education requirements and have passed section(s) of the examination in the same manner as an Oklahoma candidate.

Interstate Exchange of Information Form: 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. You can access this form here.

Notification of Eligibility: If you are found eligible to transfer your examination credits into Oklahoma, you will receive an approval letter via email that will contain instructions on the next steps. If you are found ineligible, you will receive a letter via email explaining why you are not eligible.

An answer that has an "*" next to it requires a detailed, signed letter of explanation or copy of documents.

eScrips: Must be sent directly from the University to the Examination Coordinator at the OAB office to be official.

EDUCATION

To Qualify to Sit for Exam: You must submit sufficient official transcripts to reflect:

- (1) a minimum of 120 semester hours of college education including a baccalaureate or higher degree.
- (2) a minimum of 24 semester hours of accounting course credits above principles of accounting or introductory accounting, including at least one auditing or assurance course (not internal auditing); and
- (3) a minimum of 9 semester hours of upper division-level related course credit in any or all the subjects of economics, statistics, finance, marketing, management, business law, business communication, financial information systems and computer science.

To Qualify for a CPA Certificate: After you pass the exam, you must complete the following before you can apply for certification:

- (1) an additional 30 semester hours for a total of 150 semester hours of college education.
- (2) an additional six (6) hours of accounting course credits for a total of 30 hours of accounting above principles of accounting or introductory accounting.

If you apply for eligibility to sit for the exam with 120 semester hours, you will be required to submit your additional transcripts to prove all semester hours have been earned when you apply for certification after passing the exam.

Graduate Level Accounting Courses. Graduate level Financial and Managerial Accounting only, do not count toward the required 30 semester hours of accounting if they are equivalent to undergraduate principles.

Each Course Needed To Qualify Must Be Individually Listed On An Official Transcript. If you attended more than one college or university, you must furnish an official transcript from each one to establish your eligibility.

Repeated Courses: If you repeated a course or took one that is equivalent to the same course at another college, the OAB will count the course the first time you earned credit.

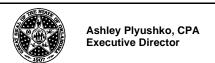
Quarter-Hour Credits: When using a two-thirds conversion to convert quarter hours earned into semester hour credit the OAB does not round up course credit.

Education Outside the United States: If all or part of your education toward your eligibility was from a college outside the United States, it will be necessary to have your education evaluated by NASBA International Evaluation Services (NIES). NIES will charge you a fee for the evaluation, and it can take two to three months for some evaluations to be complete. Your application will be considered incomplete and cannot be processed if the evaluation is not included. You may visit our website at www.ok.gov/oab under Examination, Foreign Education Information, for details regarding NIES.

CONTACT INFORMATION

Symone Chambers Examination Coordinator schambers@oab.ok.gov (405)522-0322

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

Phone: (405) 521-2397 Fax: (405) 521-3118 www.oklahoma.gov/oab

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	e the following declar	arations in connection	with this application:	
1. Full Name:				
	(First)	(Middle Name)	(Last)	(Lineage i.e. Sr., Jr.)
2. Mailing Add	dress:	nd Street or PO Box)	(City and State)	(Zin Codo)
		id Street of PO Box)		(Zip Code) e: ()
3. Dayunie 16	eleptione. ()_		·	,
4. Date of Birt	th:	Em	nail address:	
5. Social Sec	urity Number:	-	Gender:	Male Female
6. Mother's M	laiden Name:			
7. I am applyi		credits from: _		
website here. • You wi applica • Someti • If the s	II have the state your ant, can submit it to us imes other Boards wi	transferring credits from s. Il have their own form the ing from was handled the ASBA store.	complete the form. The	ey can send to us directly or you, the accept those as well. equest a Candidate Score Summary
8. Are you a l	Jnited States Citize	en? Yes	No	
9. a.) Are yo	ou in the United Sta	tes on a Visa status?	Yes (SUBMI	r COPY) No
b.) If "yes	s" indicate type of v	isa (SUBMIT COPY):		
c.) Visa S	Permanent Reside Non Immigrant/Te Status expires (SUE	mporary visa	Student visa Other type of visa: _	
		-	·1-	

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. How many semester hours have you completed as of this application: 120 150				
 The education requirements to sit for the exam are: Bachelor's degree from a four-year college or university accepted by the Board 120 semester hours 24 semester hours in accounting above the principles including an external auditing course Nine (9) semester hours in upper-division (3000 level or above) business related courses 				
 The education requirements for CPA licensure are: 30 additional semester hours for a total of 150 semester hours Six (6) additional accounting hours for a total of 30 semester hours in accounting above the principles including an external auditing course 				
You will be required to have the education requirements for licensure met before you can apply for licensure after you pass the exam. Once you pass the exam your credits will not expire. They are locked in				
STATUS - EMPLOYMENT (Future information is not needed, state status as of the date signing the application)				
16. a.) Check only one: Student Unemployed Employed/self employed				
b.) Date startedMODAY YR PRESENT (date of signing the application)				
c.) If employed or self-employed:				
Business name:				
Business address:				
PHOTOGRAPH				
17. One 2 X 2 passport type 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 guestion 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
ye tii <u>y</u> e	lave any of the following events ever occurred that have not been previously reported to the OAB: (1) have ou been arrested; (2) have you been charged with a crime or are any charges against you pending at this me; (3) have you pled guilty or nolo contendere to any charge(s), (4) have you been convicted of a crime? I es to any of these questions, attach a signed letter of explanation of the event(s) that occurred, why the Board hould allow you to sit for the examination and any court documentation. *Yes No
	lave you ever been denied the right to sit for the CPA/PA Examination? y which jurisdiction(s): *Yes No
re	lave you ever had a CPA certificate or a PA license of any jurisdiction or foreign country cancelled, evoked or suspended or have you ever had an annual permit/license refused for renewal? by which jurisdiction(s): *Yes No
	lave you ever had any professional credential cancelled, revoked or suspended by enforcement action? I es, 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
22.	Print your name Sign your name Date
	Print your name Date

OKLAHOMA ACCOUNTANCY BOARD

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Affidavit of:	
(Print or type Applicant's Full N	ame)
STATE OF)	
COUNTY OF)	
I,, of lawful (Applicant's Name) states un	age, being first duly sworn upon his or her oath nder 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 St Immigration and Naturalization Act, and am 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:	



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

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

Last Name	Last Name First Name			Middle Name			Maiden Name		
Current Mailing Address							ertificate Numb		
City	State			Zip Code		_			
Telephone (during normal business hours)			_	Date of Birth			Social Security Number		
I hereby request an this form to the Ok								ion requested bagency.	
Appli	cant's Signature)					Date Sign	ed	
SEC	TIONS A THRU	J C ARE TO	BE COM	IPLETED BY	THE BOA	RD OF ACC	OUNTANC	Υ	
	Sec	tion A: VEF	RIFICATIO	ON OF EXAM	MINATION	CREDITS			
The following are grac Grading Service and a an exam other than the continuation sheets ar recorded for applic	oproved unchang ne Uniform CPA e used, please siç cant	ed by this Boa Examination y gn, and seal e	rd. (Pleasewas used; each sheet	e use Section of or if there is Please list	C of this form any reason all grades	to explain if a why the grad including f	ny of the grad les should no ailing grad	les were changed ot be accepted). es on all sitting	
	ease list all gra	ues includir	ig railing	grades on a	an similys	recorded ic	и аррисані		
Date of Examination	AICPA ID Number	AUD	BEC	FAR	REG	BAR	TCP	ISC	
Was the applicar (If yes, please ex)			the exami	nation?	Yes	_No			
2. If the applicant has him/her from sitting	as not complete ng in your state	d the CPA E ?Yes	xaminatio	on, are there (If yes, plea	any restrict ase explain	ions prevent in Section C	ing)		

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?	YesNo 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 indica Section C of this form	ated which is in good standing unless otherwise noted in
CPA Certificate Number	Date of Issue
2. Has there ever been any disciplinary action taken again (If yes, please explain in Section C)	st the applicant? YesNo
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 publ	ic accounting in your state?YesNo
2. Expiration Date of Current License/Permit:	
3. If the applicant does not hold a license by your Board, p reinstatement of the permit:	lease indicate the requirement(s) to be met for issuance or
License/permit not required for this applicant	
Pay appropriate fee and/or post bond	
Complete acceptable accounting/auditing expe	erience
Satisfy continuing professional education requ	irements
Other (please specify):	
	XPLANATIONS 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	r knowledge
	Board/Agency
BOARD SEAL	Signature of Authorized Person
	Title
	Date