



Ashley Plyushko, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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INTERIM PERMIT APPLICATION

For Board Use Only

(Name) (Cert. /License Number, If Known)

(Address)

(City) (State) (Zip Code)

(Email) (Primary Phone) (Secondary Phone)

PART I: INFORMATION OF RECORD – REQUIRED

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

	Yes	No
1. Do you practice any public accounting? (Please carefully review Section 15.1A(34)(a) of the Oklahoma Accountancy Act, available at www.ok.gov/oab , to complete this section.)	<input type="checkbox"/>	<input type="checkbox"/>
2. a. If you answered "Yes" to question 1 above, is your accounting office located in Oklahoma?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you enter Oklahoma from another jurisdiction to serve clients in Oklahoma?	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Not presently employed <i>If checked, skip ahead to Part II</i>		
4. Primary Employment: Accounting Related: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Classification: <input type="checkbox"/> Public Accounting <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Academia		
Role: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Member (LLC or PLLC) <input type="checkbox"/> Owner <input type="checkbox"/> Staff/Employee		
Business Name or Employer _____ <input type="checkbox"/> DBA		
Business Address _____		
Address City State Zip Code		
5. Secondary Employment: Accounting Related: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Classification: <input type="checkbox"/> Public Accounting <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Academia		
Role: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Member (LLC or PLLC) <input type="checkbox"/> Owner <input type="checkbox"/> Staff/Employee		
Business Name or Employer _____ <input type="checkbox"/> DBA		
Business Address _____		
Address City State Zip Code		

PART II: ACCOUNTING SERVICES PERFORMED - REQUIRED

6. Check all services associated with accounting work performed last year whether for an employer, the public, anyone other than yourself, or non-compensated services for immediate family members. Do not check if you perform the service(s) only on a volunteer basis OR as an attorney and did not sign any documents related to such service as a CPA or PA.

Audits/Reviews Compilations Attest services Investment counseling Tax planning services

Tax return preparation Financial planning Bookkeeping Management advisory services

PART III: CPE REPORTING INFORMATION – REQUIRED

7. I am reporting a minimum of 40 CPE hours to obtain a permit (submit completion certificates with the application):
- _____ 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
 - _____ total CPE credits
8. Indicate appropriate compliance period:
- All CPE credits were earned in the previous calendar year **OR**
 - All CPE credits were earned in the 365-day period immediately preceding my official application date.

PART IV: APPLICATION FOR PERMIT TO PRACTICE PUBLIC ACCOUNTING

9. _____ 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

- | | Yes | No |
|--|--------------------------|--------------------------|
| 10. Did you perform an attestation engagement last year (Audit, Review or Agreed Upon Procedure)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did you perform an audit of an Oklahoma government entity/public school last year?
<small>*Registrants must submit <i>OAB Form R011 Application for Government Auditor List</i> prior to engaging to perform an audit of an Oklahoma government entity/public school.</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did you perform a compilation last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I am currently enrolled in a Board approved administering entity's peer review program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If 'Yes' to #13, enter your AICPA Firm Number: _____ | | |

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 \$125.** 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).