



Ashley Plyushko, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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DISABLED STATUS APPLICATION FORM

Full Name		
Address		
Phone #	Email Address	

For Board Use Only

PART I: APPLYING FOR DISABLED STATUS – REQUIRED

Certificate/License #: _____

I hereby apply for waiver of my registration fee as provided by the Oklahoma Accountancy Act. I understand that if this application for waiver of fees is approved I will be carried on the records of the Oklahoma Accountancy Board as not active until such time as I notify the Board in writing that my status has changed. I agree that during the period I am on waiver of fee status with the Board I will not be gainfully employed and I will not hold out to the public or practice public accounting. If my status should change, I agree to notify the Board in writing immediately.

I further understand that before I return to the workforce I must:

- (1) Amend my registration with the Board;
- (2) Meet the Return to Active Status requirement;
- (3) Make application for a permit to practice (if applicable);
- (4) Pay the applicable fee(s).

I have completed the attached Disabled CPE Exemption affidavit. (Code 10:15-30-8.(3)(A))
(Please include a copy of your official disability notice or a letter from your physician)

PART II: ATTESTATION - REQUIRED

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. I further attest that I do not hold myself out individually as a CPA to the public.

Signature: _____ Date: _____

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).

OKLAHOMA ACCOUNTANCY BOARD

CONTINUING PROFESSIONAL EDUCATION EXEMPTION

Disabled Exemption Affidavit

I, _____, hold Oklahoma Accountancy Board Certificate/License number _____ which was issued on _____, _____, which certifies me as a Certified Public Accountant or Public Accountant in the State of Oklahoma.

I hereby request an exemption from the Oklahoma Board of Accountancy (OAB) mandatory continuing professional education (CPE) requirement according to Section 10:15-30-8 of the Oklahoma Administrative Code.

I am no longer employed due to medical circumstances. The effective date of my disabled status is _____ (mm/dd/yy).

(Please include a copy of your official disability notice or a letter from your physician)

I recognize should I receive the exemption and my status changes, I will notify the Board immediately. I will also be required to comply with the Return to Active Status CPE requirements outlined in Section 10:15-30-9 of the Oklahoma Administrative Code.

Note: You cannot hold a permit to practice public accounting in Oklahoma while claiming a CPE exemption.

Affiant's Signature Date

Affiant's Name (printed)

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

County of _____

State of _____

Notary Public

My commission expires: _____

(SEAL)