

**Oregon Board of Accountancy
CPA Exam Application**

3218 Pringle Rd SE #110, Salem OR 97302

<http://oregon.gov/BOA/>

Check One: 1st time applicant in Oregon (**\$100**) Repeat Candidate in Oregon (**\$50**)

Full Name: _____
Must EXACTLY match the name on your ID First Middle Last

Previous Name(s): _____

Home Address: _____

Work Address: _____

Email Address: _____ **Telephone #** _____

Fax # _____ **Mail correspondence to:** Work Home

***Contact Preference for ATT & NTS:** Fax Email Res. Address Bus Address

Indicate the Exam Sections you are applying for: (note: sections applied for must be taken within **6 months**)

(AUD) Audit & Attestation	(BEC) Business Environment & Concepts	(FAR) Financial Acctg & Reporting	(REG) Regulation

Experience: This section only required for Public Accountant (PA) examination

Employer: _____

Mailing Address: _____

All candidates must answer the following questions:

Have you ever taken the CPA exam in another state? Yes No

If yes, indicate state(s) _____

Have you ever been denied the privilege to sit for the CPA exam? Yes No

Date: _____ State: _____

Have you had any professional or vocational license suspended or revoked in another state? Yes No

If yes, attach an explanation, including state, date and type of license.

Have you been convicted in any court, of a crime other than minor traffic violations? Yes No

If yes, contact the Board for a disposition form.

Do you have a disability that will require special arrangements? Yes No

If yes, contact the Board office to discuss arrangements.

PERSONAL INFORMATION FOR IDENTIFICATION PURPOSES REQUIRED

You must complete and return the *Candidate Authorization to Release Information Form* to the Board office. If not previously sent, the form must be sent with this application.

I consent to investigation by the Board into the statements made on this application, including a criminal record check. I certify to the truth and accuracy of all statements, answers and representations made on this application, including all supplementary statements.

I agree to keep confidential and not disclose in any manner whatsoever, in whole or in part, any information concerning the Uniform CPA examination questions or content that I acquire as a result of taking the examination. I acknowledge that this information is valuable property belonging to the AICPA that will be disclosed only to candidates who sit for the Uniform CPA examination.

An applicant's breach of these terms may result in the applicant being automatically disqualified or expelled from the examination, prohibited from sitting for the exam for a specified period, or subject to civil and criminal penalties. Any breach is an infringement of the AICPA copyright, which will entitle the AICPA to injunctive relief and subject the applicant to additional civil and criminal penalties, including but not limited to attorney's fees and monetary damages.

X _____ Date _____
Printed Name
X _____
Signature

Misrepresentation or false statements on this application are cause for denial or revocation of license.

Notary Certificate

**Attach 2x2
Photo Here
Photograph must be
taken in the last 3 mos.**

Affix Notary Seal or Certificate Here

State of: _____

County of: _____

Signed before me this _____ day of _____ 20____

Notary Public Signature

Be sure that the information on this application is exactly the same as it is on the identification that will be used for the CPA exam.

Return application and appropriate fee to the address below:

If paying by Visa or MasterCard mail to:

Oregon Board of Accountancy
3218 Pringle Rd SE #110
Salem, OR 97302-6307

If paying by Check mail to:

Oregon Board of Accountancy
Unit 05
PO Box 4395
Portland OR 97208-4395

**ALL FEES ARE NON-REFUNDABLE
ONLY VISA or MASTERCARD ACCEPTED**

Account # _____ Expiration Date: _____

Billing Address: _____ 3-digit Code _____

Amount to be Charged: _____ Signature: _____ Date: _____