

TAX PREPARER EXAMINATION APPLICATION

For Office Use Only
DATE RECEIVED: _____

Initial Exam Retake Exam

Do NOT email this form with credit card info-we will call you to take that over the phone

OREGON BOARD OF TAX PRACTITIONERS

550 Airport Rd. SE Suite A, Salem OR 97301

(This is a mailing address only)

Fax (503)585-5797

Website: www.oregon.gov/OBTP



Questions?(971) 701-1544
Email: tax.bd@tax.oregon.gov

1

PLEASE PRINT OR TYPE *All fields must be completed 'cf nci f Udd' jWUjcb'k J'' bchVYdfc WggYX*

"LEGAL NAME" Last: _____			First: _____			Middle Initial: _____			
Mailing Address: _____									
City: _____			State: _____			Zip Code: _____			
Social Security Number: _____				Date of Birth: _____			Male <input type="checkbox"/>		Female <input type="checkbox"/>
Cell Ph: _____			Home Ph: _____			Business Ph: _____			
Fax: _____				E-Mail: _____					

Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

2

Please choose your preferred language for the exam:

English:

Spanish:

3

The Oregon Board of Tax Practitioners (OBTP) has contracted with PSI Services LLC (PSI) to administer the examination. PSI provides examinations through a network of computer examination centers in Oregon.

PSI proctors exams at the following locations: Aurora, Baker City, Bend, Eugene, Independence, Medford, Portland & Wilsonville.

Out of state examinees will work with PSI's accommodations team but they have sites located throughout the United States.

For additional information refer to the PSI website: <https://test-takers.psiexams.com/>

NOTE: Once your application is accepted, the Board will e-mail you an approval letter that will explain how to schedule your appointment for examination. You cannot schedule your exam prior to receipt of your approval letter. Please see section #5 for additional information.

*I need an ADA Accommodation. Indicate type of disability: _____

***Must attach a completed "ADA Accommodation Request Form" located on the Web at:**

<https://www.oregon.gov/obtp/Pages/Forms.aspx>

4

- a) Have you ever applied for a Tax Preparer Exam in Oregon? Yes No Last Date: _____
- b) Have you ever been licensed as a Tax Preparer in Oregon? Yes No License #: _____
- c) Have you ever applied for the Tax Consultant Exam in Oregon? Yes No Last Date: _____
- d) Have you ever been licensed as a Tax Consultant in Oregon? Yes No License #: _____
- e) Have you ever been licensed in another state? State: _____ Yes No Registration #: _____
- f) If not currently licensed as a tax preparer: _____

(1) Are you a high school graduate? YES NO Year graduated: _____

(2) Do you have a GED certificate? YES NO Year received: _____

g) If you have attended a college or university, please indicate the number of years completed: _____

5

EDUCATION PLEASE NOTE: THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

List the school (code) and instructor of the training course in tax preparation that you have completed or are in the process of completing. This must be a Board approved course of not less than 80 classroom hours. Please see the approved list and school codes below.

You may apply for the exam prior to completion of classroom studies, but you must successfully complete the course before receiving your license. DO NOT submit a copy of your "Certificate of Course Completion" for the 80 hour basic course with this application. You will be required to submit the "Certificate of Course Completion" with your license application upon successful completion of the examination.

At your Pace: AYP
Central Oregon Community: COCC
Chemeketa Community: CCC
H&R Block Tax School: HRB
H&R Block Albany: HRBA
H&R Block Klamath Falls: HRBKF

Jackson Hewitt Tax School: JH
Liberty Tax School: LTS
Liberty Tax School Grants Pass: LTGP
Liberty Tax School Klamath Falls: LTKF
Liberty Tax School Medford: LTM
Liberty Tax School White City: LTWC

Liberty Tax School Happy Valley: LTHV
Linn Benton Community: LBCC
Pacific Northwest Tax School: PNT
Platinum Professional Services: PPS
Portland Community College: PCC
Shoebox Taxes: SBT

Name of School: _____

Instructor: _____

DATE COMPLETED MM YYYY _____

(FIRST AND LAST NAME)

6

IMPORTANT INFORMATION (PLEASE READ)

- a) The Board will email you an "examination approval" notice if your application is approved. This notice will provide instructions on how to schedule and pay for your exam with PSI.
- b) Please refer to the Important Information about Your Exam document, which you will receive with your examination approval notice, for additional information.

7

SIGNATURE

Under penalty of perjury, I declare that I have examined this application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. **I acknowledge that, if I fail the examination, no review of my examination questions will be granted.**

Signature

Date

8

FEES Tax Preparer Exam Application Fee

TOTAL FEES: \$ 60

You will pay PSI a \$50 exam fee when scheduling your Exam

Per OAR 800-020-0026 - Exam fees are **non-refundable** unless the applicant does not qualify to take the examination **OR** there is a verifiable circumstance beyond the control of the applicant (at the discretion of the Board). However, the applicant **must** notify the Board office, **in writing**, prior to the scheduled examination date. **NOTE:** A \$10 processing fee will be deducted from all exam refunds.

9

CHECK OR MONEY ORDER

Mail to:

**STATE BOARD OF TAX PRACTITONERS
550 Airport Rd. SE, Suite A
Salem, OR 97301**

CREDIT CARD PAYMENT

NUMBER _____

EXP DATE ____/____ CCV# _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

