



## PART II: ACCOUNTING SERVICES PERFORMED - REQUIRED

6. Check all services associated with accounting work performed in calendar year 2015 whether for an employer, the public, anyone other than yourself, or non-compensated services for immediate family members.

- Audits  Reviews  Agreed upon procedures  Compilations  Tax return preparation  
 Tax planning services  Investment Services  Financial planning  Consulting Services  
 Management Advisory Services  Bookkeeping Services  Litigation Support Services  
 Other Accounting Services: \_\_\_\_\_

## PART III: CPE EXEMPTION - REQUIRED

**NOTE: If you checked yes to any question in Part II, you are not eligible for an exemption unless you changed to a retired status in 2014 or unless you were initially certified in 2015 and are not applying for an initial permit.**

7. I am claiming an exemption to the CPE requirement for calendar year 2015 and certify that as of the beginning date of my exempt status I have not performed any of the services listed in Part II for my employer, the public or anyone other than myself or non-compensated services for my immediate family members:  Yes  No

8. I am claiming an exemption to the CPE requirement for calendar year 2015 on the following basis:

- a.  I am a retired certificate or license holder. I am not employed, nor do I practice public accounting.  
b.  I am a certificate or license holder on active military service.  
c.  I am a disabled certificate or license holder. Due to medical circumstances, I am not employed, nor do I practice public accounting.  
d.  I am a certificate or license holder who is not employed or who is employed but not performing any services associated with accounting work listed in Part II above.  
e.  I was initially certified in 2016 and I do not have a CPE requirement for 2015.

**Note: You are required to notify the OAB within 30 days of any change in employment status that would affect your CPE exemption.**

## PART IV: APPLICATION FOR PERMIT TO PRACTICE PUBLIC ACCOUNTING

9. I am filing this Reporting Form in conjunction with an application for a permit to practice.  Yes  No (*Skip to Part V*)

10. a.  I am applying to renew a permit currently in effect. This choice is available only if you will be applying for permit renewal on or before the last day of your birth month.

OR

b.  I am renewing a lapsed permit or applying for an initial permit. I have completed the AICPA's Ethics Examination course entitled "**Professional Ethics: The AICPA's Comprehensive Course**" (with a score of 90% or above) 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.

**Note: If you are renewing a lapsed permit or applying for an initial permit you must have completed 40 hours of CPE in the previous calendar year or within the last 365 days. Certificates must be submitted to the Board.**

11. Indicate appropriate compliance period:

- a. \_\_\_\_\_ All CPE credits were earned in calendar year 2015 **OR**  
b. \_\_\_\_\_ All CPE credits were earned in the 365-day period immediately preceding my official application date. **This choice is available only if you are applying for an initial permit or to renew a lapsed permit.**

**PART V: CPE REPORTING INFORMATION – REQUIRED UNLESS CLAIMING AN EXEMPTION**

12. I am reporting CPE for the period January 1 through December 31, 2015, during which I earned:  
 \_\_\_\_\_ total CPE credits
13. Of the total credits reported in the preceding question, (include any credits for ethics in the appropriate field) I earned:  
 \_\_\_\_\_ 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

**PART VI: PEER REVIEW INFORMATION – COMPLETE ONLY IF YOU ARE A SOLE PROPRIETOR WHO IS NOT INCORPORATED**

14. Did you perform an audit last year?  Yes  No
15. Did you perform a review last year?  Yes  No
16. Did you perform an agreed upon procedure last year?  Yes  No
17. Did you perform any audit engagements in accordance with Government Auditing Standards for Oklahoma government entities last year?  Yes  No
18. I am currently enrolled in a Board approved administering entity’s peer review program.  Yes  No
19. My assigned peer review due date is: \_\_\_\_\_

- If ‘YES’ to any of the services listed in this section you are required to enroll in a Board approved administering entity’s peer review program within one year of signing the initial engagement letter.
- Registrants are required to submit peer reviews by secure website; documentation must include:

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, review, or agreed upon procedure engagement.	

**PART VII: FEE SCHEDULE**

Use the table below to determine your fees due.

<b>Registration Fee</b>	\$50.00
<b>Registration Fee</b> (if 65 years of age or older)	\$25.00
<b>Permit Fee</b>	\$100.00
<b>Late Filing Fee</b>	\$50.00
<b>Late Filing Fee</b> (if 65 years of age or older)	\$25.00

NOTE: If you register after the last day of your birth month but within 30 days after the last day of your birth month, a late fee of \$50.00 also applies (\$25 for registrants 65 years of age or older). Failure to register within 30 days of the last day of your birth month will result in automatic revocation of your certificate.

- 20. Registration Fee: \$ \_\_\_\_\_
- 21. Permit Fee (if applicable): \$ \_\_\_\_\_
- 22. Late Fee (If applicable): \$ \_\_\_\_\_
- 23. I am submitting a total fee of \$ \_\_\_\_\_

Add the fees from 18 through 20 together to arrive at the total fee due. Make check or money order payable to OAB. **You are strongly encouraged to send one check for all fees.**

**PART VIII: ATTESTATION - REQUIRED**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 24. Have any of the following events <b>ever</b> 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? <b>If yes to any of these questions, attach a signed explanation.</b>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. 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? <b>If yes, attach a signed explanation.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you had any professional credential cancelled, revoked or suspended by enforcement action that has not been previously reported to the OAB? <b>If yes, attach a signed explanation.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. 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: \_\_\_\_\_

*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).*