



Ashley Plyushko, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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EMPLOYMENT CHANGE REPORTING FORM

Pursuant to Section 15.14.G of the Oklahoma Accountancy Act, all changes of employment or mailing address shall be reported to the Board within thirty (30) calendar days of such changes becoming effective.

CPA Certificate PA License Exam Candidate

Certificate/License Number or Candidate ID: _____

Name (name on record with OAB): _____
First/ Middle/ Last/ Lineage (Sr., Jr. II, III)

Not presently employed *Retired and not employed *Disabled beyond all gainful employment

**If you checked Retired or Disabled status, you are eligible for a waiver.
The fee waiver applications are located under the 'Forms' tab on our website.*

Primary Employment:

Accounting Related: Yes No

Classification: Public Accounting Industry Government Academia

Role: Sole Proprietor Partner Shareholder Member (LLC or PLLC) Owner Staff

Business Name or Employer _____ DBA

Business Address _____
Address City State Zip Code

Business Phone: _____ Business Fax: _____

Secondary Employment:

Accounting Related: Yes No

Classification: Public Accounting Industry Government Academia

Role: Sole Proprietor Partner Shareholder Member (LLC or PLLC) Owner Staff/Employee

Business Name or Employer _____ DBA

Business Address _____
Address City State Zip Code

Business Phone: _____ Business Fax: _____

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).

– FOR OAB USE ONLY –

VERIFIED BY: _____ DATA ENTRY BY: _____ DATE ENTERED: _____

SPECIAL REMARKS: _____