

Nebraska State Board of Public Accountancy

P.O. Box 94725, Lincoln, NE 68509

(402) 471-3595 www.nbpa.ne.gov

Business, Government and Academia
WORK EXPERIENCE FORM

Legal Name of Applicant:

(First Name) (Middle Name) (Last Name)

NE CPA Certificate #: Social Security #: Phone #:

To be completed and signed by the CPA responsible for the supervision, evaluation, and review of the applicant's work experience. No advance rulings on the acceptance of work experience will be given.

Positions Held by Applicant: Please attach a list of positions held by the applicant.

The above named applicant has obtained satisfactory accounting experience* in BUSINESS, GOVERNMENT, or ACADEMIA (circle one) by achieving (number) hours of qualified experience from (MM/DD/YY) TO (MM/DD/YY).

* minimum 6000 hours over 3 years per PAA 1-136.02(b).

While under my supervision, the applicant demonstrated high standards of professional competence in the following. Check only those applicable areas.

- 1. Attest services to include audits, reviews, compilations, and other assurances and engagements in accordance with professional standards.
2. Professional accounting services or professional accounting work in one or more categories:
(a) Prepare reports on financial statements
(b) Provide management or financial advisory or accounting consulting services
(c) Prepare tax returns
(d) Provide advice in tax matters
(e) Provide forensic accounting services
(f) Provide internal auditing services
(g) See attached academia record
(h) Other - please describe:

PLEASE CHECK THE APPROPRIATE RESPONSE FOR EACH OF THE QUESTIONS THAT FOLLOW:

- YES NO During the time I supervised, evaluated, and reviewed the applicant, the applicant demonstrated independence on accounting matters and exhibited integrity on professional accounting issues, continued to learn, and stay informed of important accounting pronouncements.
YES NO With respect to the applicant's character, integrity, and objectivity, I recommend this person to become a CPA.
YES NO I have examined the statements and supporting documents, and hereby certify that the documents are true and correct to the best of my knowledge. Attach job description.
YES NO I was licensed as an active CPA during the time I supervised the work of the applicant.
YES NO I am currently licensed as a CPA.
YES NO I am experienced in the accounting area assigned to the applicant and have attached an applicant job description as to the type and amount of experience.

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EMPLOYER INFORMATION

NAME and ADDRESS OF EMPLOYER: _____

Employer Category (circle one): BUSINESS GOVERNMENT ACADEMIA

TYPE OF SUPERVISION (Select all that apply):

_____ The applicant being supervised and the CPA supervisor are both employed by the same company, firm, or organization and office at the same physical location.

_____ The applicant being supervised and the CPA supervisor are both employed by the same company, firm, or organization, but office at different physical locations.

_____ For non-direct CPA supervisor - The CPA supervisor included review of the applicant's work product, interview of applicant, and discussion with applicant's direct supervisors to complete this application, and all are employed by the same company, firm, or organization.

Please include a letter of recommendation for the applicant to the Board including your relationship with the applicant, a summary of the work experience gained, and your personal opinion as to the applicant's ability to work as a Certified Public Accountant in your community.

Are you aware of any reason(s) why a permit to practice should NOT be issued to the above applicant?

_____ "YES" (Attach explanation to this form) _____ "NO"

I certify by my signature and CPA Certificate Number that all representations above are true:

PRINT CPA NAME CPA State/CERT# PHONE NUMBER

SIGNATURE DATE

Notarization:

STATE OF _____) ss.

COUNTY OF _____)

Before me, a notary public, in and for the county and state aforesaid, personally appeared _____ known to me to be the person named, who, being duly sworn, deposes and says that the signature hereto is his/her own signature. Given under my hand, this, the _____ (day) of _____ (month), _____ (year).

(Seal) Notary Public _____