

**STATE OF NEBRASKA  
BOARD OF PUBLIC ACCOUNTANCY  
P.O. Box 94725, Lincoln, NE 68509  
[www.nbpa.ne.gov](http://www.nbpa.ne.gov)**

**Program Qualification Form  
USE A SEPARATE FORM FOR EACH QUALIFICATION REQUESTED**

A. Please answer items 1 through 12:

1. Name of requesting person/firm: \_\_\_\_\_

Organization of person/firm: \_\_\_\_\_

Certificate # (If applicable) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Course Title: \_\_\_\_\_

3. Requested number of CPE hours of credit: \_\_\_\_\_

**Note: Hours should be based on 50-minute hour and must be rounded DOWN to nearest whole number.**

4. If all or part of this course contains ethics hours, record the # of hours requested here: \_\_\_\_\_

5. Date(s) of course/presentation: \_\_\_\_\_

6. Subject Matter: (Please circle all that apply)

Acct. & Auditing	Tax	Software Training	Management
Investments	Consulting	Personal Development	Fraud Insurance
Medicare/Medicaid	Human Resource	Ethics	Specialized Knowledge
Other: (please specify) _____			

7. Method of Delivery: (Please circle all that apply)

Formal (live)	Web-cast (interactive-formal)	Self Study	Web-cast (self-study)
Publication	Instruction/Presentation	College Course	Video-conference
Audio-conference	Tele-conference	Other: (please specify) _____	

8. Location of Course: \_\_\_\_\_

9. Sponsoring Organization: \_\_\_\_\_

10. Is the Sponsor registered with NASBA? Registry #    Yes     No

11. Business address of Sponsoring Organization: \_\_\_\_\_

12. Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**13. ATTACH A STATEMENT ON HOW THIS COURSE RELATES TO YOUR PRACTICE OF PUBLIC ACCOUNTANCY. DESCRIBE HOW THE COURSE CONTRIBUTES TO THE PROFESSIONAL AND TECHNICAL COMPETANCY OF A CPA IN PUBLIC PRACTICE.**

B. You **Must** Include:

- Course outline/syllabus     Course timeline  
 Name and background of Instructor/Speaker