

**CERTIFICATE OF PUBLIC ACCOUNTING EXPERIENCE
UNDER PAA 1-124 b. FOUR IN TEN**

Submit to: Nebraska Board of Public Accountancy, P.O. Box 94725, Lincoln, NE 68509

Note to Applicant Completing this Form: The Nebraska Public Accountancy Act (Section 1-124 b.) provides that a reciprocal certificate may be issued to a CPA, who holds a certificate in another jurisdiction, and has had four in the last ten years of public accounting experience satisfactory to the board, in any state, in practice as a certified public accountant, or in employment as a staff accountant by anyone engaging in the practice of public accountancy, or in any combination of either such types of experience. **THIS FORM MUST BE COMPLETED, SIGNED AND NOTARIZED BY BOTH THE CPA AND THE APPLICANT (SEE REVERSE).** You may use as many forms as needed to verify 8,000 hours.

Effective January 7, 2000, the Board designated the public accounting experience requirement as representing 4000 hours in a period not less than two years, within a licensed, registered CPA firm, under the direct supervision of a CPA with an active permit to practice. That CPA must complete this form and Board personnel will then verify the permit of the CPA and the employing CPA firm before the experience will be accepted.

For purposes of this application, 8,000 hours of public accounting experience over four years in the previous ten are required.

Legal Name of Applicant: _____
(First Name) (Middle Name) (Last Name)
Social Security #: _____ Daytime Phone #: _____

CERTIFICATION BY CPA:

"I certify that the above named applicant has obtained satisfactory public accounting experience in a CPA firm under my direct supervision by achieving:

_____ (number) hours of qualified experience from _____ (MM/DD/YY) TO _____ (MM/DD/YY)."

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"

NAME OF CPA (Type or print legibly) _____

CPA Certificate # _____ State of Issuance _____

Current License/Permit to Practice # _____ State of Issuance _____

NAME OF CPA FIRM _____

Address _____

(Street) (City) (State) (Zip Code)

Telephone # _____ Fax # _____

CPA's SIGNATURE DATE

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

