

# Nebraska Board of Public Accountancy Sponsor Application

*This application should be completed, signed and returned to the Nebraska Board of Public Accountancy together with the required attachments.*

1. Name of Organization \_\_\_\_\_

2. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

3. Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

4. Main Contact Person. (This person will receive all correspondence and materials related to the organization's application.) Name \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

5. Supervisory Contact Person. (This person will only be contacted if the application has continuous non-compliance with the requirements and standards and/or is about to be revoked.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

6. Type of Organization (check applicable category)

- Regionally accredited U.S. college or university, or division thereof
- National or state accounting organization
- Accounting firm, partnership or professional organization. State(s) in which organization is licensed or registered: \_\_\_\_\_
- Network of accounting firms, partnerships and professional corporations presenting programs. (Attach a list of the firms and of the states where they are licensed or registered.)
- U.S. federal, state or local government entity
- Other, Attach a description of the type and size of the organization and an explanation of how continuing education relates to its activities

7. How many years has the organization been offering continuing education courses? \_\_\_\_\_

8. How many different programs does the organization offer or plan to offer annually? \_\_\_\_\_

9. Indicate the delivery methods currently employed by the organization and the number of programs offered annually in each category:

- Formal \_\_\_\_\_
- Self-study programs; number offered each year \_\_\_\_\_
- Audio-conference/Tele-conference \_\_\_\_\_
- Publication \_\_\_\_\_
- College Course \_\_\_\_\_
- Video-conference \_\_\_\_\_

10. Check the fields of study which apply to your organization.

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting and Auditing | <input type="checkbox"/> Personal Development                   |
| <input type="checkbox"/> Consulting Services     | <input type="checkbox"/> Specialized Knowledge and Applications |
| <input type="checkbox"/> Ethics                  | <input type="checkbox"/> Taxation                               |
| <input type="checkbox"/> Management              | <input type="checkbox"/> Other                                  |

11. Has the organization been approved as a course provider by NASBA

- Yes     No If yes, specify the sponsor/registration identification number \_\_\_\_\_

12. Has the organization been approved as a course provider by one or more state boards of accountancy?

- Yes     No If yes, specify the board(s) and provide the sponsor/registration identification number(s) \_\_\_\_\_

13. Has the organization been approved as a course provider by any other organization or accrediting body?

- Yes     No If yes, provide the name of the organization and the sponsor/registration identification number \_\_\_\_\_

14. Specify which of the following statements best describes the organization's role in providing continuing professional education:

- Develops and administers all programs offered  
 Administers programs developed by other organizations

15. Sponsor Agreement.

- To abide by Title 288, Chapter 8 Rules and Regulations of the Nebraska Board of Accountancy.
- To use the following official Nebraska Board of Accountancy statement, in its entirety and without alteration, in promotional and other materials distributed to prospective course participants. Title 288 Rules Chapter 8 006.03

An approved sponsor may announce: "This course has been approved by the Nebraska State Board of Public Accountancy for \_\_\_\_\_ hours credit."

**The sponsor completing this application understands that failure to comply with this Agreement, or failure to meet Nebraska Board of Public Accountancy Rules and Regulations, may result in the termination of this Agreement by Nebraska Board of Public Accountancy, and notice of such termination may be given to other state boards of accountancy and to licensees. The sponsor further agrees that immediately upon such termination, the use of the official Nebraska Board of Public Accountancy statement shall cease.**

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Signature of Main Contact Person

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Printed/Typed Name of Main Contact Person

Date

**Mail completed and signed form and required attachments to:**  
Nebraska Board of Public Accountancy  
P.O. Box 94725  
Lincoln, NE 68509

### Program List

List all CPE programs. The number of CPE credits is measured by program length with one 50-minute period equal to one CPE credit. If any course includes ethics, please specify the number of hours.

Organization Name \_\_\_\_\_

Program Title	Delivery Method	Number of CPE Credits	Number of CPE Ethics Credits
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			