

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.

