

**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 SIGNED AND NOTARIZED BY THE SUPERVISING CPA. THE SECOND PAGE MUST BE SIGNED BY 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

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

**CERTIFICATION BY APPLICANT:**

**LEGAL NAME OF APPLICANT** \_\_\_\_\_

**Address** \_\_\_\_\_

**(Street)**

**(City)**

**(State) (Zip Code)**

**Telephone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**"I have reviewed the previous page with the hours, dates, CPA and firm information listed regarding my experience and certify that all information is complete and accurate."**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**