

**STATE OF NEBRASKA
BOARD OF PUBLIC ACCOUNTANCY
P.O. Box 94725, Lincoln, NE 68509
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)

Accounting & Auditing	Tax	Software Training	Business Management & Organization
Communications/Marketing	Computer Software	Economics	Ethics
Personal Development	Information Technology	Finance	Management Services
Specialized Knowledge	Production	Statistics	Personnel/Human Resources

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

Live In Person (Formal)	Webinars	Blended Learning	University/College Courses
Published Book/Article	Firm Educational Program	Technical Committee Service	
Instruction/Presentation of Program			
Self-Study (Independent Program, Audio/Podcast, Pre-recorded Webinar)			

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 COMPETENCY OF A CPA IN PUBLIC PRACTICE.**

B. You **Must** Include:

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