

NEBRASKA BOARD OF PUBLIC ACCOUNTANCY
P.O. Box 94725, Lincoln, NE 68509-4725
(402) 471-3595 or (800) 564-6111; FAX (402) 471-4484
Web site: www.nbpa.ne.gov

APPLICATION FOR CPA CERTIFICATE ISSUANCE

REQUIREMENTS FOR ISSUANCE OF A NEBRASKA CPA CERTIFICATE BY EXAMINATION:

1. You must be a resident of Nebraska, have a place of business or be regularly employed in the state (Reference: Nebraska statutes 1-114); **and**
2. You must have completed at least a Baccalaureate degree from an accredited college or university. (If sitting for the CPA Examination after January 1, 1998, you must also have completed 150 semester hours or 225 quarter hours of postsecondary academic credit, and do not need to resubmit another transcript.); **and**
3. **As of 1-1-2016, you must complete the NBPA Ethics Exam available on the website (see above) and attach to this application;** **and**
4. You must complete the AICPA's Professional Ethics self-study examination and request they send a Certificate of Completion showing the grade earned and date of completion. Contact the AICPA directly for the study materials and exam: 1-888-777-7077; **and**
5. You must have successfully completed the U.S. Uniform CPA EXAM.

Please print in black ink or type your answers to the following questions, sign, date and return this original application. **Do not fax a copy.** The AICPA must send a certificate of completion of the Professional Ethics course to the Nebraska State Board of Public Accountancy at the above address. **Incomplete applications will be returned unprocessed and deemed not received.** (1/08)

(Circle one) Male OR Female?

Legal Name _____
First Name Middle Name (No Initials) Last Name Maiden Name

Social Security # _____ **Date of Birth** _____
(Neb. Rev. Stat. § 43-3340)

Mailing Address _____
Street or P. O. Box City State Zip

Resident Address _____
Street City State Zip

Home Phone No. _____ **Date NE residence established (MO/DD/YY)** _____

Name of present Employer _____

Office Address _____
Street or P. O. Box City State Zip

Office Phone No. _____ **FAX No.** _____

E-mail Address _____ **Date Exam Passed (Mo/Yr)** _____

College Degree Earned _____ **Date Conferred** _____ **College/University** _____

___ YES ___ NO Do you hold a CPA certificate issued by another state or territory of the United States or the District of Columbia?
If Yes, give state, certificate # and date of issuance. _____

___ YES ___ NO Have you been named in a lawsuit, charged or convicted of a felony by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)

___ YES ___ NO Have you been named in a lawsuit or convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? (If yes, please attach a separate page giving disposition, charges, dates and locations.)

___ YES ___ NO Have you had any application for certification or licensure denied, or any professional or vocational license or membership revoked or suspended, or been subject to other disciplinary action regarding such a license/membership in this state or any other state, or by the United States government? (If yes, please attach a separate page providing details regarding the action taken, by what agency, dates and locations.)

___ YES ___ NO Have you had any violation of a court order? Have you had any civil judgment, or civil penalty an element of which judgment or penalty involves dishonesty, fraud, deceit, or misrepresentation? (If yes, please attach a separate page giving disposition, charges, dates and locations.)

I hereby make application to the Nebraska Board of Public Accountancy for the issuance of a Nebraska Certified Public Accountant certificate. **I understand that an incomplete, faxed copy, or incorrect response in this application may be grounds to deny the issuance of a certificate or to revoke the certificate.**

DATE _____ **APPLICANT'S SIGNATURE** _____

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____

(first, middle, last)

SIGNATURE _____

DATE _____