



NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 * Reno, NV 89502 * (775) 786-0231

EXPERIENCE FORM NEVADA GAMING CONTROL BOARD

It is the policy of the Board to audit a sample of Experience forms. Submission of this form is deemed to be consent of the signatory licensee to examine the underlying records of the licensee's organization upon which the experience is based.

FULL NAME OF: APPLICANT				
	First	Middle	Last	(Prior Name)

PERIOD OF EMPLOYMENT IN PERFORMING ACCOUNTING SERVICES

FULL TIME					
From			To		
	Mo	Day	Yr	Mo	Day
	Yr	Yr		Yr	Yr

PART TIME					
From			To		
	Mo	Day	Yr	Mo	Day
	Yr	Yr		Yr	Yr
Total Number of Hours of Part Time Employment _____					

CIRCLE YES OR NO FOR FOLLOWING QUESTIONS REGARDING THE APPLICANT'S EXPERIENCE PLEASE SUBMIT WRITTEN EXPLANATION FOR ANY "NO" QUESTION

- A. In your opinion, has the applicant had experience in the planning of the program of audit work, including the completion of risk analysis?

YES / NO
- B. In your opinion, has the applicant had experience in the preparation of a variety of work programs?

YES / NO
- C. In your opinion, has the applicant had experience in applying varied auditing procedures and techniques in the performance of audits?

YES / NO
- D. In your opinion, has the applicant had experience in the preparation of audit work papers covering the audits performed?

YES / NO
- E. In your opinion, has the applicant had experience in the preparation of written explanations and comments on the findings of the audit and on the content of the accounting records – either in the working papers or in reports or both?

YES / NO
- F. In your opinion, does the preparation constitute experience for purposes of qualifying the candidate?

YES / NO
- G. In your opinion, has the applicant had experience in the evaluation of internal control in regard to safeguarding of assets and documentation of findings regarding this work?

YES / NO

H. In your opinion, considering the criteria described in sections A through G above, and the applicant's experience in such, has the applicant attained the adequate level of skills in accounting and the attest function for purposes of qualifying the candidate for certification? YES / NO

I. Qualifying Experience

1. The candidate's experience with our agency includes _____ hours in qualifying audit experience.
2. Additional Educational Requirements

To comply with the requirements of NAC 628.062 through 628.068, an applicant must complete at least 120 hours of credit in the following subject areas:

<u>Subject Area</u>	<u>Hours of Credit</u>
Professional Training for Public Accountants - Level I..... (Staff Training - Basic)	24
Designing Audit Programs for Small Business Engagements.....	8
Professional Training for Public Accountants - Level II..... (Staff Training - Semi-Senior)	24
Financial Accounting Standards Board-Accounting Principles Board Review (FASB-APB).....	16
Professional Training for Public Accountants - Level III..... (Staff Training - Beginning In-Charge)	24
Preparing Financial Statements.....	8
Financial Statement Disclosures.....	16

Note: (1) The number of hours of credit designated for each subject area listed is the minimum number of hours required for that subject area; (2) An applicant may take more than one course in any subject area; (3) An applicant is entitled to receive credit for any course he completes in the program, regardless of the title of the course, if the content of the course is within one of the subject areas listed above; (4) An applicant may complete the requirements of the three levels of professional training described above by completing internal courses which have been previously approved by the Board as being substantially the equivalent of the three levels of professional training described above.

ATTACH A LIST OF COURSES COMPLETED

THIS FORM MUST BE NOTARIZED

STATE OF)
)
COUNTY OF)

_____, (**Name of Applicant**) being duly sworn, deposes and says, under penalty of perjury, that he/she is the person who executed the foregoing instrument; that he/she has read the same and knows the contents thereof; that the matters stated therein are true to his/her knowledge, except such matters as are stated to be upon information and belief and as to those matters he/she believes them to be true.

Signature of Applicant

Date

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, 20____.

Signature of Notary Public

I certify that all representations I have made are true and complete in every respect. I hereby authorize the Nevada State Board of Accountancy to make inquiries, as it deems necessary to verify the accuracy and completeness of all representations made. I hereby release, discharge and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided or the Nevada State Board of Accountancy has obtained. I understand my Nevada CPA license may be subject to disciplinary action if any information contained in this form cannot be substantiated or has been falsified.

Applicant please initial

The applicant acknowledges that the Agency records used to complete and verify the information in this form may be destroyed in accordance with NRS 628.435 record retention rules.

Applicant please initial

