NEVADA STATE BOARD OF ACCOUNTANCY

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

EXPERIENCE FORM – NON PUBLIC ACCOUNTING
INTERNAL AUDIT DEPARTMENT
GOVERNMENTAL ACCOUNTING & AUDITING
INDIVIDUAL BOARD REVIEW

FULL NAME OF: APPLICANT _____

First Middle Last (Prior Name)

NAME OF: DEPARTMENT OR AGENCY _____

PERIOD OF EMPLOYMENT

NRS 628.200(2)(b) requires four years in internal auditing work or governmental accounting and auditing work considered to be substantially equivalent in the Board's judgment.

The application of the above is considered to be four (4) years of full time employment or part time employment that would total 8320 hours.

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

Instructions:

- Enter the approximate number of hours of qualifying experience.
- **Note**: The hours do not have to total the entire time/hours of employment, but is intended to provide the Board with a relative indication of where the applicant's time was spent.
- Describe the nature of the work performed.

The applicant's experience with our department/agency includes:

_____ Hours of Internal Auditing Work

_____ Hours of Governmental Accounting and Auditing Work

_____ Other Qualifying Hours

Describe the nature of the work performed and why you believe that the experience is substantially equivalent to experience that would be gained in a public accounting environment.
Attach a separate letter or additional pages as necessary.

By submission of this form, you are consenting to the Board's review of the underlying records of the organization upon which the experience is based.

NOTE: Licensee signing this form must have sufficient knowledge through supervision to certify as to the applicant's experience.

Responsible CPA _____ Position:_____

CPA Certificate Number:_____ State of Issuance:_____ Date:_____

Company Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Contact Phone:_____Email Address:_____

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.

THIS FORM MUST BE NOTARIZED

STATE OF)
)
COUNTY OF)

_____, (**Name of <u>Responsible CPA</u> Completing Form**) 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. I understand my CPA license may be subject to disciplinary action if any information contained in this form cannot be substantiated or has been falsified.

_____ _____
Signature of Person Completing Form Date

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

_____
Signature of Notary Public

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