



NEVADA STATE BOARD OF ACCOUNTANCY

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

PRACTICE MONITORING (PEER REVIEW) INFORMATION RESPONSE REQUIRED BY AUGUST 1, 2009

The Nevada State Board of Accountancy requires licensees that perform the following services to engage in a practice monitoring program (peer review) to ensure that he or she is maintaining the standards of the profession:

Audit

Review

Full Disclosure Compilation

Attestation Services – *Defined as an engagement performed under the Statements on Standards for Attestation (SSAE) which includes forecasts, projections, budgets whether compiled or audited, agreed upon procedures, examinations of written assertions, review of written assertions, bank directors examinations*

Submission:

If you have issued or signed any report in connection with these types of services, and accordingly have participated in a Practice Monitoring Program (Peer Review) you will be required to submit your program results. Submission includes the most recently completed Peer Review Report, Letter of Comment, Letter of Response and Letter of Acceptance or any other report or determination developed as a result of the evaluation of a practitioner conducted pursuant to the practice monitoring program..

Exemption:

If you do not perform these types of services you will be required to submit an exemption form.

THE DEADLINE FOR PRACTICE MONITORING RESPONSE IS AUGUST 1, 2009.

Instructions:

You can provide your submission or exemption information by choosing one of the following options:

- **ON-LINE SUBMISSION at WWW.NVACCOUNTANCY.COM**
 - Click on the Online Peer Review link
 - Enter your Email Address and the Peer Review Code you should have received. If you do not know your peer review code, you can request it online at the Peer Review login.
 - Follow online instructions
- Complete the appropriate form and mail, fax or email the information to the Board office at

Nevada State Board of Accountancy
1325 Airmotive Way, Suite 220
Reno, NV 89502
(775) 7860234 – Fax
cpa@nvaccountancy.com = email



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PRACTICE MONITORING PROGRAM REPORT SUBMISSION FORM

FILING DEADLINE DATE AUGUST 1, 2009

CONTACT INFORMATION

Name: _____

In Care Of _____

Address: _____

City State Zip: _____

Email: _____

Phone Number _____

By completing this form you are certifying that you HAVE issued or signed in the firm name (or your name as a sole practitioner) any reports in connection with the following types of services, and accordingly have participated in a Practice Monitoring Program (Peer Review):

Audit

Review

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Please attach the following documents representing submission of your Practice Monitoring Program (Peer Review) Results. Failure to provide all of the required information will result in the return of your submission form.

- Program Report
- Letter of Comment
- Letter of Response
- Letter of Acceptance
- Or any other report or determination developed as a result of the evaluation of the firm/practitioner conducted pursuant to a practice monitoring program

Name of Firm or Sole Practitioner Reviewed _____

Date of Report _____

I Certify under penalty of perjury under the laws of the State of Nevada to the truth and accuracy that all statements and information contained herein, are true, accurate and correct in every respect, to the best of my knowledge and belief; and that I have not suppressed any information that might affect my submission, with full knowledge that the information submitted may be grounds for disciplinary action against my certificate.

Signature _____

Date _____

Print Name _____

(NSBA 5/09)



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PRACTICE MONITORING PROGRAM GENERAL EXEMPTION FORM

FILING DEADLINE DATE AUGUST 1, 2009

CONTACT INFORMATION

Name: _____

In Care Of _____

Address: _____

City State Zip: _____

Email: _____

Phone Number _____

By completing this form you will be claiming a general exemption from providing practice monitoring reports to the Board based on your statement that you DO NOT provide any of the following services,

Audit

Review

Full Disclosure Compilation

Attestation Services – *Defined as an engagement performed under the Statements on Standards for Attestation (SSAE) which includes forecasts, projections, budgets whether compiled or audited, agreed upon procedures, examinations of written assertions, review of written assertions, bank directors examinations.*

I Certify that I did not issue or sign in the firm name (or your name as a sole practitioner) any audit, review, full disclosure compilation or attestation reports, and accordingly, claim an exemption from the Practice Monitoring (Peer Review) reporting cycle.

I Certify under penalty of perjury under the laws of the State of Nevada to the truth and accuracy that all statements and information contained herein, are true, accurate and correct in every respect, to the best of my knowledge and belief; and that I have not suppressed any information that might affect my submission, with full knowledge that the information submitted may be grounds for disciplinary action against my certificate.

Signature

Date

Print Name