



NEVADA STATE BOARD OF ACCOUNTANCY

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

PRACTICE MONITORING (PEER REVIEW) INFORMATION RESPONSE REQUIRED BY SEPTEMBER 15, 2020

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(s) in the last 3 years in connection with these types of services, and accordingly have participated in a Practice Monitoring Program (Peer Review) you will be required to submit the following information.

- A statement indicating that you or your firm are enrolled in the AICPA Facilitated State Board Access Program

OR (if you are not enrolled in this program) submit the following

- Peer Review Report
- Letter of Acceptance
- Letter of Comment / Letter of Response (if applicable)
- Letter of Completion

Exemption:

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

Instructions:

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

ON-LINE SUBMISSION at WWW.NVACCOUNTANCY.COM

Login to your account or click on the Peer Review Link.

Note: If you don't remember your account password, click forgot password to reset.

Follow online instructions

OR

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) 786-0234 – Fax

cpa@nvaccountancy.com = email



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PRACTICE MONITORING PROGRAM GENERAL EXEMPTION FORM

FILING DEADLINE DATE SEPTEMBER 15, 2020

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

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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



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PRACTICE MONITORING PROGRAM REPORT SUBMISSION FORM

FILING DEADLINE DATE SEPTEMBER 15, 2020

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

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*

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.

- A statement indicating that you or your firm are enrolled in the AICPA Facilitated State Board Access Program

OR (if you are not enrolled in this program) submit the following

- Peer Review Report
- Letter of Acceptance
- Letter of Comment / Letter of Response (if applicable)
- Completion Letter (if applicable)

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

Print Name

Date