



STATE OF NEW HAMPSHIRE

Board of Accountancy

OPLC - Technical Division
 121 South Fruit Street, Suite 201
 Concord, NH 03301
 603-271-2219 (P) 603-271-7928(F)

RETURN TO ACTIVE PRACTICE FORM

\$275.00 Application Fee

The application must be filled out completely and typewritten Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name		
Last	First	Middle
Names Previously Used (if applicable)		
<input type="checkbox"/> Residence Address		
State/Province	Country	Zip/Mailing Code
Business Name/Current Employer		
<input type="checkbox"/> Business Address		
State/Province	Country	Zip/Mailing Code
Indicate mailing address by check box		
Certificate Number	Email	
Business Phone	Home Phone	
Date of Birth	Place of Birth	

2. General Information questions	Choose one:
Please answer questions below: (If yes, to 1-4 below, please explain in writing)	
1. Have you ever had your license or practice privileges suspended or revoked by any licensing or regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor involving dishonesty, any felony, or otherwise committed dishonest acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been suspended or expelled from any professional accounting organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you used the full CPA designation, as opposed to the CPA Inactive designation since becoming inactive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that the information contained in this application is true, correct and complete to the best of my knowledge and belief.

Date _____

 Signature of Applicant

APPLICATION CHECKLIST AND INSTRUCTIONS

Return to Active Practice

INSTRUCTIONS

APPLICATION CHECKLIST

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay

Have you:

- Filled out the application completely and answered all questions?
- Completed the CPE Reporting Form including:

Written Information

The first column, please write in the name of the sponsoring organization;
The second column, please write in the name or title of the course;
The third column is for the date you earned the course or date you attended the course or the date you published the article, or book, or the date you taught the course.

CPE Hours

Column I is for the number of hours you earned for physically attending CPE courses.
Column II is for the number of hours you earned for any self study courses.
Column III is for the number of hours you earned for publishing any articles or books.
Column IV is for teaching and has two boxes: one for preparation and one for presentation. In the event you teach or instruct a course you may claim up to twice the amount of preparation for every hour of presentation

- Included formal certificates of completion or transcripts for college courses for each and every course you claim in accordance with administrative rule Ac 401.05?
- Signed and dated the application?
- Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the enclosed credit card sheet?
- Understand that you must meet and abide by the Accountancy Statues RSA 309-B and the administrative rules of the Board of Accountancy?
- I am aware that if I am approved for licensure; my licensing approval letter and all pertinent information will be sent to me at my on-file e-mail address only.

1) TOTAL NUMBER OF HOURS, OF THE CPE REPORTING FORM(S) IN EACH SECTION

2) CARRYFORWARD FROM LAST RENEWAL (If using option 1)

3) Total hours claimed

4) WRITE IN THE NUMBER OF HOURS YOU ARE REQUIRED TO REPORT: 40 80 120

5) Carryforward to next renewal period

6) Are you or your practice unit required to obtain a Peer Review? YES NO

CPE REPORTING FORM (PAGE 2)				
I	II	III	IV	
Educational Programs	Self Study	Published Articles	Instructor Speaker Class Prep	Class Press
1				
2				
3				
4				
5				

Date

Signature

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			