

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

Board of Accountancy

7 Eagle Square, Concord, NH 03301 Phone (603) 271-2152

Return to Active Practice Form \$275.00 Application Fee

The application must be filled out completely and typewritten. Make Check Payable to "Treasurer, State of NH" (Non-Refundable Fee)

1. General Information

Name			
Last	First	Middle	
Names Previously Used (if applic	able)		
Residence Address			
State/Province	Country	Zip/Mailing Code	
Business Name/Current Employer	r		
Business Address			
State/Province	Country	Zip/Mailing Code	
I	ndicate mailing address by che	ck box	
Certificate Number	Email		
Business Phone	Home	Phone	
Date of Birth	Place of	of Birth	
2 Comment Information areas	· · · · · ·		11
2. General Information quest			Choose one:
Please answer questions below	v: (If yes, to 1-4 below, please	explain in writing)	Choose one:
	v: (If yes, to 1-4 below, please	explain in writing)	Choose one:
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted	v: (If yes, to 1-4 below, please nse or practice privileges susp l of a misdemeanor involving	explain in writing) sended or revoked by any	Yes No
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted otherwise committed dishonest ac	v: (If yes, to 1-4 below, please nse or practice privileges susplor of a misdemeanor involving ets?	explain in writing) bended or revoked by any dishonesty, any felony, or	
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted otherwise committed dishonest ac	v: (If yes, to 1-4 below, please nse or practice privileges susp l of a misdemeanor involving	explain in writing) bended or revoked by any dishonesty, any felony, or	Yes No
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted otherwise committed dishonest ac 3. Have you ever been susporganization? 4. Have you used the full CPA of	v: (If yes, to 1-4 below, please nse or practice privileges susplof a misdemeanor involving ets? ended or expelled from any	dishonesty, any felony, or professional accounting	Yes No Yes No Yes No
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted otherwise committed dishonest act 3. Have you ever been susporganization?	v: (If yes, to 1-4 below, please nse or practice privileges susplof a misdemeanor involving ets? ended or expelled from any	dishonesty, any felony, or professional accounting	Yes No
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted otherwise committed dishonest ac 3. Have you ever been susporganization? 4. Have you used the full CPA cosince becoming inactive?	v: (If yes, to 1-4 below, please nse or practice privileges susple of a misdemeanor involving ets? ended or expelled from any designation, as opposed to the	dishonesty, any felony, or professional accounting CPA Inactive designation	Yes No Yes No Yes No Yes No
Please answer questions below 1. Have you ever had your lice licensing or regulatory body? 2. Have you ever been convicted otherwise committed dishonest ac 3. Have you ever been susporganization? 4. Have you used the full CPA of since becoming inactive? I attest that the information contain	v: (If yes, to 1-4 below, please nse or practice privileges susple of a misdemeanor involving ets? ended or expelled from any designation, as opposed to the	dishonesty, any felony, or professional accounting CPA Inactive designation	Yes No Yes No Yes No Yes No

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 y	ou:						
	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 II 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 IV 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?						
	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.						

New Hampshire Board of Accountancy Continuing Professional Education (CPE) Reporting Form NH Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301

Phone: (603) 271-2152

https://www.oplc.nh.gov/board-accountancy

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Name of Sponsoring Organization/school	Title of Program or Description	Location City/State	Dates Attended Month-Day-Year	Educational Programs	Self Study	Published Articles	PREP	ASS PRES

1) TOTAL NUMBER OF HOURS, OF THE CPE REPORTING FORM(S) IN EACH SECTION	г						
2) CARRYFORWARD FROM LAST RENEWAL (If using option 1)3) Total hours claimed		CPE REPORTING FORM (PAGE 2)					
4) WRITE IN THE NUMBER OF HOURS YOU ARE REQUIRED TO REPORT: 40 80 120		1 11 111		III	IV		
5) Carryforward to next renewal period		Educational Programs	Self Study	Published Articles	Instructo Class Prep	r Speaker Class Press	
6) Are you or your practice unit required to obtain a Peer Review? YES NO	1						
	2						
	3						
	4						
	5						

Date