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 applicable)		
☐ Residence Address		
State/Province	Country	Zip/Mailing Code
Business Name/Current Employer		
☐ 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 Please answer questions below: **(If yes, to 1-4 below, please explain in writing)**	**Choose one:**
1. Have you ever had your license or practice privileges suspended or revoked by any licensing or regulatory body?	☐ Yes ☐ No
2. Have you ever been convicted of a misdemeanor involving dishonesty, any felony, or otherwise committed dishonest acts?	☐ Yes ☐ No
3. Have you ever been suspended or expelled from any professional accounting organization?	☐ Yes ☐ No
4. Have you used the full CPA designation, as opposed to the CPA Inactive designation since becoming inactive?	☐ Yes ☐ 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**?

☐ 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
Tel. (603) 271-2152

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

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

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