



NEW HAMPSHIRE BOARD OF ACCOUNTANCY

78 REGIONAL DRIVE

BUILDING TWO

CONCORD, NH 03301

Governmental Experience Form

1) CPA Candidate's Name: Last _____ First _____

2) Dates of Employment for CPA Candidate:

3) Start Date _____ End Date _____

(If still employed, please state "currently employed")

Numbers 4-7 below pertain to the CPA or CA verifying candidate's experience.

4) Please indicate your applicable designation **(If you are not one of the following you cannot sign the experience form for the CPA Candidate.)**

Certified Public Accountant (US) Certified Public Accountant (Australia)

Chartered Accountant (Canada) Chartered Accountant (Australia)

Chartered Accountant (Ireland) Contadores Publicos Certificado (Mexico)

5) CPA or CA Name: Last: _____ First: _____

6) Position Held in the Agency _____

State or Country where you are currently licensed to practice Public Accounting and date that the license expires: (If license does not expire please indicate)

7) State or Country: _____ Expires: _____

8) The remainder of this form and the second page requests information which will verify the candidate's compliance with the Governmental Experience Requirement RSA 309-B:5, X.

Please check the applicable sub paragraph of RSA 309-B: 5, X below:

_____ A) The candidate audited the tax returns or books and accounts of non-governmental entities in three (3) or more distinct lines of commercial or industrial business in accordance with generally accepted auditing standards under the direction of a licensee.

_____ B) The candidate audited the books and accounts or activities of three (3) or more governmental agencies or distinct organizational units in accordance with generally accepted auditing standards under the direction of a licensee and reporting on their operations to a third party, to the Congress, or to a state legislature.

_____ C) The candidate reviewed financial statements and supporting material covering the financial condition and operations of non-governmental entities engaged in three (3) or more distinct lines of commercial or industrial business under the direction of a licensee to determine the reliability and fairness of the financial reporting and compliance with generally accepted accounting principles and applicable government regulations for the protection of investors and consumers.



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Governmental Experience Form

NAME OF APPLICANT _____

9) If you checked A or C you must list the three or more distinct lines of commercial or industrial businesses or if you checked B you must list the three or more governmental agencies in compliance with RSA 309-B: 5, X.

10) Please complete the following and indicate whether the hours are actual or approximate.

Actual _____ Approximate _____

The following documentation should represent hours in accordance with duties performed in accordance with number eight (8) on the previous page.

of hours auditing tax returns or books and accounts of non-governmental entities _____

of hours auditing the books and accounts or activities of three (3) or more governmental agencies or distinct organizational units _____

of hours reviewing the financial statements and supporting material covering the financial condition and operations of non-governmental entities engaged in three (3) or more distinct lines of commercial or industrial business. _____

Other Hours (Administrative Non-Billable, CPE, Vacation etc.) _____

DID THE CANDIDATE WORK () FULL TIME OR () PART TIME? (CHECK ONE)

Date: _____

SIGNED UNDER PENALTY OF PERJURY

CPA or CA
Print Name: _____

Individual Verifying Experience