



Application - April 2021

New Hampshire Government Accounting Certificate Program

New Hampshire Government Finance Officers Association

25 Triangle Park Drive, Suite 102
Concord, NH 03301

Email: info.nhgfoa@gmail.com

Today's Date _____

Would this Government Accounting Program be (please check one):

_____ New Information

_____ A Refresher Course

Certificate Program \$300.00

Please Indicate whether you are taking Excel or QuickBooks: _____

Personal and Current Work Information:

Name: _____

Employer: _____

Title: _____

Work Address: _____

Phone: _____

Email: _____

Supervisor: _____

Email: _____

Phone: _____

Accounting Skills Used in Current Job: _____

Work History:

Title: _____ Employer: _____

Accounting Skills Used: _____

Work History:

Title: _____ Employer: _____

Accounting Skills Used: _____

Educational Experience:

Institution: _____ Degree: _____ Year Completed: _____

Educational Experience:

Institution: _____ Degree: _____ Year Completed: _____

Please provide a personal statement explaining why you would want to participate in the NH Government Certificate Program and how it will further your personal goals: _____

Applicant Signature: _____ Date: _____

Supervisor's Support Statement: "My signature below indicates that I fully support this candidate's entry into the NH Government Accounting Certificate Program offered by NHGFOA and that funding has been approved."

Supervisor Signature: _____ Date: _____

****Cancellation Policy****

Please be advised that refunds will not issued once 5 classes have been taken and there will be no refunds for any course materials.

****Please do not process payment until applicant has been accepted into the program and an invoice from NHGFOA is received****