

EXPERIENCE VERIFICATION FORM
(For CPA Application)

Applicant: Please complete **Part 1** of the form and send a copy to the CPA(s) verifying your experience.

Part 1 – To be completed by the applicant

Applicant Name _____
(First) (M.I.) (Last) (Suffix)

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Employment Dates: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Full Time Part Time* Temporary*

*Number of hours of experience obtained, if employment was part time or temporary: _____

Describe, in detail, the nature of the work you performed including such factors as the complexity and diversity of the work performed:

Verifying CPA: Please complete **Part 2** of the form and return the form to the Board of Accountancy at the address listed above. **Do not return to the applicant. NOTE:** You must hold an **Active** or an **Inactive** license (from any jurisdiction) in good standing and have sufficient knowledge of the information provided above in order to serve as the verifying CPA.

Part 2 – To be completed by the CPA verifying the applicant's experience.

The above-named individual is applying for a CPA Certificate. Please complete the following questions:

Do you believe the above information is accurate? Yes No*

Do you know of any reason the applicant should **not** be considered for a CPA Certificate? Yes* No

Do you **recommend** the applicant for a CPA Certificate? Yes No*

*If you checked a box with an **asterisk (*)** provide an explanation below or use the back of this form.

I have read the above and believe it to be true, correct and complete to the best of my knowledge. I understand that I may be asked to substantiate the basis for my verification.

Printed Name _____ CPA Certificate # _____ Status: Active or Inactive

Signature _____ State of Certification _____ Date _____