

EXPERIENCE VERIFICATION FORM (CPA LICENSURE)

Applicant: Use a separate form for each employer/verifying CPA listed in the “Employment History” section of your application. Complete **Part 1** and send to the verifying CPA, who is to complete Part 2 and return this form directly to the Board office (see address above). You may wish to provide the verifying CPA with a stamped and addressed envelope for this purpose. **NOTE:** The Board calculates your experience based on the **earliest** of these dates: employment end, verifying CPA signature, or date the form is received by the Board.

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*

*Total hours, if part time or temporary: _____

Detailed description of your tasks performed, including such factors as the complexity and diversity of the work:

Verifying CPA: Please complete **Part 2** and return this 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 in good standing in the jurisdiction in which the applicant gained their experience 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 license. Please answer 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 license? Yes* No

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

If you checked any of the boxes 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 License # _____ Status: Active or Inactive

Signature _____ State Where Licensed _____ Date _____