

CPA EXPERIENCE VERIFICATION FORM

_____ is applying for a CPA Certificate. The Board of Accountancy would appreciate receiving any information you may have that could have a bearing on the applicant's certification as a CPA. Please complete the verification section of this form and return this form to the Board of Accountancy at the address listed above. The CPA applicant has completed the experience section of this form.

Experience (to be completed by CPA applicant)

Name and address of company where experience was obtained. (Enter below.)

Company Name:

Company Address:

Company City, State, Zip

Dates of employment:

From:

To:

Full-Time

Part-Time

Temporary

Number of hours of experience obtained (if 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:

Verification (to be completed by verifying CPA)

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*

** Please supply additional information you believe is important. The back of this form should be used.*

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.

Print your name

CPA Certificate No.

Status (Active/Inactive)

Signature

State of Certification

Date