

Verification of Experience for Licensure as a CPA

Applicants for Initial Licensure only. Each supervisor must complete a separate form.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EMPLOYMENT INFORMATION

To be completed by the supervising CPA:

Name of Employer: _____ **License Number (if applicable):** _____

Name of Supervisor: _____ **License Number:** _____

Employer Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Was employment continuous? ☐ Yes ☐ No: *If no, please complete a separate form for each period of employment.*

Total Hours of Accounting Experience: _____

Is the applicant still employed? ☐ Yes ☐ No

If no, is the applicant re-hirable? ☐ Yes ☐ No: **Please explain:** _____

I understand that "Accounting Experience" means applying accounting and auditing skills and principles that are taught as a part of the professional education qualifying a person for licensure under UCA 58-26a and generally accepted by the profession while under the supervision of a licensed certified public accountant.

I certify that the information contained in this verification is truthful, complete and discloses all material facts regarding the applicant. I further certify that the applicant satisfactorily completed a program of accounting experience.

Signature of Supervisor: _____ **Date:** _____