RECORD OF EXPERIENCE FORM

TO THE APPLICANT: This form must be used to report your qualifying experience for the CPA Certificate, in compliance with the requirements of section 4701.06 of the Ohio Revised Code and Administrative rule 4701-7-05 of the Accountancy Board of Ohio. Your authorized employment supervisor must confirm the record of your experience. If your authorized supervisor is not a licensed CPA, the Experience Verification Form must also be completed and signed by a licensed CPA. You should submit this form to your supervisor for completion of the appropriate information. Once both of you are certain that the information is correct and complete, each of you must sign the affidavit at the bottom of the form. Please use a separate form for each employer from which you are submitting qualifying experience.

STATEMENT OF AUTHORIZED SUPERVISOR

I am a CPA or a comparably qualified foreign accountant: _____YES _____NO (If the answer is YES, you must certify that your credential is in good standing.)

Certificate (License) Valid In: (State in USA or foreign country)________________________________________________________

Name of Credential if Different from CPA: ____________________________________________________________

Certificate or License Number: __________________ Date Certificate/License Issued: _________________________

License Expiration Date: __________________ License Status (active, inactive, retired): _____________________

The applicant for the CPA certificate whose name appears below performed the following services while under my supervision.

Check all that apply:

☐ Accounting
☐ Auditing
☐ Consulting Services
☐ Financial Advisory Services
☐ Preparation of Tax Returns
☐ Management Advisory Services
☐ Furnishing Advice on Tax Matters

Exact Dates of Employment:_____________________________________to___________________________

(MM/DD/YY) (MM/DD/YY)

Was the employment full-time? ____YES ____NO (If your answer is NO, please explain fully on the reverse side of this form.)

NAME OF EMPLOYER________________________________________________________________________________

ADDRESS OF EMPLOYER_____________________________________________________________________________

____________________________________________________________

TELEPHONE_____________________

E-MAIL ADDRESS________________________________

*** AFFIDAVIT ***

We certify, under penalty of perjury, that all statements and information submitted on this form are true and correct, and that the signatures below are ORIGINAL signatures.

NAME OF CANDIDATE (PLEASE PRINT)____________________________________________________________________

SIGNATURE OF CANDIDATE________________________________________DATE SIGNED_______________

NAME OF AUTHORIZED SUPERVISOR____________________________________________________________________

SIGNATURE OF AUTHORIZED SUPERVISOR________________________________________DATE SIGNED_______________

SUPERVISOR TELEPHONE_________________________ EMAIL ADDRESS________________________________

Revised 8/2017