

# 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\_\_\_\_\_