

EXPERIENCE VERIFICATION FORM

(This form is required in addition to the Record of Experience Form if your supervisor is not a CPA.)

TO THE APPLICANT: This form must be used for verification of 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. You should submit this form to a CPA who is familiar with your employment 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.

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 during the time period indicated while employed in a position of which I have direct knowledge.

Check all that apply:

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_
(MM/DD/YY) (MM/DD/YY)

Was the employment full-time? Yes No (If your answer is No, please explain on reverse side of this form.)

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\*\*\* 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 CPA \_\_\_\_\_

CPA'S FIRM NAME \_\_\_\_\_

FIRM ADDRESS \_\_\_\_\_

SIGNATURE OF CPA \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

CPA TELEPHONE \_\_\_\_\_ CPA EMAIL ADDRESS \_\_\_\_\_