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, <u>each</u> of you must sign the affidavit at the bottom of the form. Please use a <u>separate</u> form for <u>each</u> employer from which you are submitting qualifying experience.

	Certificate (License) Valid In: (State	in USA or foreign country)		
	Name of Credential if Different from	ı CPA:		
	Certificate or License Number:	Date Certific	cate/License Issued:	
	License Expiration Date:	License Status	(active, inactive, retired):	
	applicant for the CPA certificate whose na e employed in a position of which I have d		ed the following services during the time p	eriod indicated
Cl	heck all that apply:			
	Accounting Auditing Consulting Services Financial Advisory Services Preparation of Tax Returns Management Advisory Services Furnishing Advice on Tax Matters			
Date	s of Employment:	toto	(MM/DD/YY)	
Was ⁻	the employment full-time? Yes	No (If your answer is No, p	please explain on reverse side of this form.)	
NAM	IE OF EMPLOYER			
ADDF	RESS OF EMPLOYER			
		·		
OHO	NE NUMBER			
		* * * AFFIDAVIT * *	· *	
	certify, under penalty of perjury, that all satures below are ORIGINAL signatures.	tatements and information s	submitted on this form are true and correc	t, and that the
NAM	IE OF CANDIDATE (PLEASE PRINT)			-
SIGN	ATURE OF CANDIDATE		DATE SIGNED	
NAM	IE OF CPA			
	S FIRM NAME			_
	ADDRESS			
SIGN	ATURE OF CPA		DATE SIGNED	
CPA ⁻	TELEPHONE	CPA EMAIL ADDRESS		