

# 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:** \_\_\_\_\_