

**KENTUCKY STATE BOARD OF ACCOUNTANCY**  
**332 W. BROADWAY, SUITE 310**  
**LOUISVILLE, KY 40202**  
**(502) 595-3037**  
**http://cpa.ky.gov**

**CERTIFICATE OF EXPERIENCE**

The employment experience information listed below must be confirmed by a CPA who, during the employment period being verified, held an active license to practice. Any false or misleading statements made by the CPA on this document shall constitute a violation of KRS 325.340(1)(h). Please review the verifying CPA's responsibilities under KRS 325.261 and 201 KAR 1:063 when signing this document.

NAME: LAST FIRST MI MAIDEN

EMPLOYER'S NAME:

(FIRM, COMPANY, AGENCY, OR INSTITUTION OF HIGHER EDUCATION)

EMPLOYER'S ADDRESS:

STREET ADDRESS CITY STATE ZIP CODE

**CERTIFICATION OF VERIFYING CPA:** As the verifying CPA, please complete the following information in regard to the above-named applicant:

SPECIFY THE EMPLOYMENT PERIOD DATES OF THE CPA CANDIDATE: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

TOTAL HOURS THE CANDIDATE WORKED DURING THIS EMPLOYMENT PERIOD (excluding holiday and leave time) \_\_\_\_\_.

WAS THE CANDIDATE EMPLOYED IN AN ACCOUNTING OR ATTEST POSITION DURING THIS PERIOD? YES ( ) NO ( )

LIST WORKING TITLE(S) DURING EMPLOYMENT: \_\_\_\_\_

BRIEFLY DESCRIBE THE CANDIDATE'S DUTIES: \_\_\_\_\_

I, \_\_\_\_\_, CPA, certify that all of the information provided in this document regarding the applicant's experience is true and correct.

Title: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Certificate Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ License/Permit Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date