Print Form

KENTUCKY STATE BOARD OF ACCOUNTANCY
332 W. BROADWAY, SUITE 310
LOUISVILLE, KY 40202
(502) 595-3037
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 ZIPCODE

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

(Rev. 2-4-09)