

CERTIFICATE OF EXPERIENCE

Applicant's Name _____

Employer's Name _____

Employer's Address _____

City _____ State _____ Zip Code _____

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

Specify the employment dates ____/____/____ to ____/____/____

Total hours worked during employment period (excluding holiday & leave time) _____

Was the candidate employed in an accounting or attest position? YES NO

List working title(s) _____

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.

Current Employer _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

License No. _____ State of Issuance _____ License Expiration _____

Signature _____ Title _____ Date _____

FOR BOARD USE ONLY

STAFF VERIFICATION _____ **DATE** _____