

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

Certificate (License) Valid In: (State in USA or foreign country) _____

Name of Credential if Different from CPA: _____

Date License Issued: _____ License Expiration Date: _____

The applicant for the CPA certificate whose name appears below performed the following services during the time period indicated while employed in a position of which I have direct knowledge.

Check all that apply:

- Accounting
- Auditing
- Consulting Services
- Financial Advisory Services
- Preparation of Tax Returns
- Management Advisory Services
- Furnishing Advice on Tax Matters

Dates of Employment: _____ to _____
(MM/DD/YY) (MM/DD/YY)

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

PHONE NUMBER _____

*** AFFIDAVIT ***

We certify, under penalty of perjury, that all statements and information submitted on this form are true and correct, and that the signatures below are our original signatures.

NAME OF CANDIDATE (PLEASE PRINT) _____

SIGNATURE OF CANDIDATE _____ DATE SIGNED _____

NAME OF CPA _____

CPA'S FIRM NAME _____

FIRM ADDRESS _____

SIGNATURE OF CPA _____