

STATE BOARD OF ACCOUNTANCY

MAILING ADDRESS
 STATE BOARD OF ACCOUNTANCY
 P.O. BOX 2649
 HARRISBURG, PA 17105

COURIER ADDRESS
 STATE BOARD OF ACCOUNTANCY
 2 Technology Park
 HARRISBURG, PA 17110

PHONE: 1-833-367-2762
EMAIL: st-accountancy@pa.gov
WEB: www.dos.pa.gov/account

VERIFICATION OF EXPERIENCE FORM

Please read all instructions before completing and submitting. This form must be completed in black ink only, or be typewritten, and must be legible. The form must be submitted by the verifying CPA by mail or email to one of the addresses above.

SECTION 1: (to be completed by the applicant)

APPLICANT NAME		
CURRENT EMPLOYER NAME <small>(Please indicate if currently unemployed)</small>		
CURRENT EMPLOYER'S BUSINESS ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
FIRM LICENSE NUMBER <small>(If applicable)</small>		
APPLICANT EMAIL ADDRESS		
BUSINESS PHONE NUMBER		

SECTION 2: (to be completed by the verifying CPA/PA ONLY)

VERIFIER'S INFORMATION	NAME & TITLE	
	COMPANY NAME	
	COMPANY ADDRESS	
DID YOU EMPLOY OR WERE YOU EMPLOYED BY THE SAME COMPANY AS THE APPLICANT?		<input type="checkbox"/> YES <input type="checkbox"/> NO *If no, please attach a cover letter to explain your working relationship with the applicant and how you are qualified to verify their experience based on Section 11.56 of the Regulations.
TYPE OF EXPERIENCE <small>*only one type may be checked</small>		<input type="checkbox"/> PUBLIC PRACTICE (accounting firm) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> INDUSTRY (not an accounting firm) <input type="checkbox"/> ACADEMIA (teaching)
PERIOD OF EXPERIENCE <small>(full-time or part-time employment)</small> <small>*may not include dates after the date of the application</small> <small>**may not include internship dates</small>		____/____/____ to ____/____/____ (use complete dates) MM DD YYYY MM DD YYYY
INTERNSHIP DATES (if applicable) <small>*may not overlap with full-time/part-time employment dates</small> <small>*may not include internships that were awarded credit on a college transcript</small>		____/____/____ to ____/____/____ MM DD YYYY MM DD YYYY (use complete dates) ____/____/____ to ____/____/____ MM DD YYYY MM DD YYYY

SECTION 2 (CONTINUED): (to be completed by the verifying CPA/PA ONLY)

Please list the hours performed by the applicant in each category and provide a full description of the work completed. The description should include specific duties/projects in which the applicant participated. If additional space is required, please attach a narrative. Hours must qualify under Section 11.55 of the Regulations. **Please do not include internship hours if the internship was awarded credit on a college transcript.**

ACCOUNTING: Total Hours _____

Description: _____

ATTEST: Total Hours _____

Description: _____

COMPILATION: Total Hours _____

Description: _____

MANAGEMENT ADVISORY: Total Hours _____

Description: _____

FINANCIAL ADVISORY: Total Hours _____

Description: _____

TAX: Total Hours _____

Description: _____

CONSULTING: Total Hours _____

Description: _____

GRAND TOTAL OF HOURS: _____

SECTION 3: CERTIFICATION

I certify under the penalty of perjury that my verification of the applicant's experience is true and correct and that they have obtained the experience as indicated and that I was actively licensed to practice as a CPA/PA during the period of verification. I verify that this application is in the original format as supplied by the Pennsylvania Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit, or registration.

_____ Signature of the Verifier (same as person listed in Section 2)		_____ Date (must be signed within 30 days of receipt)
_____ Printed Name of Verifier		
_____ License Number	_____ State of Licensure	_____ Expiration Date of License

***VERIFIER MUST BE ACTIVELY LICENSED THROUGHOUT THE ENTIRE PERIOD BEING VERIFIED.**

****THIS FORM MUST BE SUBMITTED TO THE BOARD OFFICE DIRECTLY BY THE VERIFIER. IT WILL NOT BE ACCEPTED IF SUBMITTED BY THE APPLICANT.**

**LINKS TO THE CPA LAW AND REGULATIONS CAN BE FOUND AT
WWW.DOS.PA.GOV/ACCOUNT**

VERIFIER'S RESPONSIBILITIES:

- You have personally verified the work performed by the applicant.
- Your CPA/PA license was current throughout the entire period of experience being reported.
- You either employed the applicant, were employed by the same company as the applicant, or have another similar relationship approved by the Board during the entire period of experience being reported.
- The experience is appropriate for the applicable categories.

QUALIFIED EXPERIENCE:

A candidate for CPA certification shall have completed at least 1,600 hours of qualifying experience during the 60-month period immediately preceding the date of application that included providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, tax or consulting skills which were gained through employment in government, industry, academia, or public practice. The 1,600 hours of qualifying experience shall be acquired over a period of not less than 12 months. See Section 11.55(c) of the Board's regulations for the list of acceptable areas of qualified experience.

UNACCEPTABLE EXPERIENCE:

- Self-employment
- Work as a partner in a partnership
- Work verified by an individual who was not actively licensed as a CPA/PA at any time during the period being verified.
- Experience comprised of nonprofessional work, including marketing, administration, and appraisals.
- Paraprofessional work and bookkeeping that does not comply with Section 11.55(c)(9) of the Board's Regulations.