

EXPERIENCE VERIFICATION FORM

(IF MORE THAN ONE CPA IS VERIFYING THE WORK EXPERIENCE, PLEASE SUBMIT ADDITIONAL FORMS)

This form is to be used to verify qualifying work experience in accordance with Board Rule §903 by new CPA candidates and "reinstate to active" candidates. LA R.S. §37:75(G) and Board Rule §903(B) [LAC 46:XIX] requires at least one year of full-time employment or 2,000 hours of part-time employment *within the immediate four-year period preceding application to become a licensed CPA.*

If work experience is in academia, applicant must have taught courses for academic credit in at least three different areas of accounting above introductory/elementary level, and must have taught an accumulated course load of 24 semester hours or equivalent employment *within the immediate four-year period preceding application to become a licensed CPA.*

TO BE COMPLETED BY CANDIDATE

Full Name of Candidate: _____

Name and address of Company where experience was obtained:

Company Name: _____ Job Title: _____

Company Address: _____

Company City, State, Zip: _____

Dates of employment (mo/day/year): From: ____/____/____ To: ____/____/____

Employment Classification: PUBLIC GOVERNMENT INDUSTRY ACADEMIA

Full-Time

Part-Time (**part-time employment experience must be documented in the form of timesheets or payroll which must be attached**)

If part time, number of hours of experience obtained: _____

Describe in detail the duties and nature of the work you performed including such factors as the complexity and diversity of work performed. (**Employment experience must involve the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills.** You can attach a job description.) If academia, list details of courses taught as required in Board Rule §903(A)(2)(a)(ii).

The information provided above, including attachments, is true and correct. I understand the Board may verify this information to establish I have satisfied the eligibility requirements set forth in Board Rule §903(B).

Candidate's Signature

Date

TO BE COMPLETED BY VERIFYING CPA (must be an actively licensed CPA)

I have read the above and by my signature below am verifying the employment experience, detailed above or attached, of this applicant.

Relation to applicant: _____

Print Your Name and Title

State & CPA Cert. No.

Company Name, Address and Phone No.

Verifier's Signature

Date