



State Board of CPAs of Louisiana  
 601 Poydras Street, Suite 1770  
 New Orleans, Louisiana 70130  
 (504) 566-1244 [www.cpaboard.state.la.us](http://www.cpaboard.state.la.us)

## 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, reinstatements, and "reinstated 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: \_\_\_\_\_

*The information provided, 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 (original signature required)

\_\_\_\_\_  
 Date

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

Describe in detail the duties and nature of the work applicant 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 or detailed letter.) If academia, list details of courses taught as required in Board Rule §903(A)(2)(a)(i).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of employment being verified (mm/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: \_\_\_\_\_

*By my signature below I am verifying the employment experience and dates, 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 (original signature required)

\_\_\_\_\_  
 Date