

STATE BOARD OF ACCOUNTANCY

MAILING ADDRESS

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

COURIER ADDRESS

STATE BOARD OF ACCOUNTANCY
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

PHONE 717-783-1404 FAX 717-705-5540
E-MAIL st-accountancy@pa.gov
WEB: www.dos.pa.gov/account

VERIFICATION OF EXPERIENCE FORM

SUBMIT THIS APPLICATION ONLY IF YOU HAVE PASSED THE UNIFORM CPA EXAMINATION AND HAVE MET ALL REQUIREMENTS FOR CERTIFICATION IN THE CPA LAW. TYPEWRITTEN OR BLACK INK ONLY AND MUST BE LEGIBLE. READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING.

SECTION 1: Candidate only completes this section:

CANDIDATE NAME		
EMPLOYER'S BUSINESS NAME: <i>*REQUIRED-IF NOT CURRENTLY EMPLOYED YOU MUST INDICATE SUCH</i>		
EMPLOYER'S BUSINESS ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
FIRM LICENSE # (If Applicable)	AF-	-L (IF APPLICABLE)
EMAIL ADDRESS:		
BUSINESS TELEPHONE NUMBER		

SECTION 2: Verifying licensed CPA/PA ONLY to complete this section & return directly to the State Board of Accountancy:

VERIFYING LICENSED PROFESSIONALS INFORMATION	NAME/TITLE	
	BUSINESS NAME AT TIME OF VERIFICATION	
	BUSINESS ADDRESS	
EXPERIENCE WAS OBTAINED IN:	<input type="checkbox"/> - GOVERNMENT <input type="checkbox"/> - ACADEMIA <input type="checkbox"/> - INDUSTRY (not an accounting firm) <input type="checkbox"/> - PUBLIC PRACTICE (accounting firm)	
CANDIDATE'S EXPERIENCE UNDER MY VERIFICATION WAS FROM: NOTE: DATE CANNOT GO PAST DATE THAT CERTIFICATION APPLICATION RECEIVED BY BOARD	___/___/___ TO ___/___/___ (USE COMPLETE DATES) MM/DD/YYYY MM/DD/YYYY	
INTERNSHIP DATES, IF APPLICABLE	___/___/___ TO ___/___/___ (USE COMPLETE DATES) MM/DD/YYYY MM/DD/YYYY INTERNSHIPS CANNOT BE COUNTED IF ON COLLEGE TRANSCRIPTS FOR CREDIT	

SECTION 2 (CONTINUED): *Verifying licensed professional must complete this section and return directly to the State Board of Accountancy: Please list the hours performed by candidate in each category and give a FULL explanation of the work done in each category. Please attach narrative if additional space is required, list the category where the hours were obtained.*

ACCOUNTING: Total Hours: _____

Explanation: _____

ATTEST: Total Hours: _____

Explanation: _____

COMPILATION: Total Hours: _____

Explanation: _____

MANAGEMENT ADVISORY: Total Hours: _____

Explanation: _____

FINANCIAL ADVISORY: Total Hours: _____

Explanation: _____

TAX: Total Hours: _____

Explanation: _____

CONSULTING: Total Hours: _____

Explanation: _____

GRAND TOTAL OF HOURS: _____ (Refer to 49 Pa Code § 11.55 of the CPA Regulations for total experience hours required)

NOTE: INTERNSHIPS CANNOT BE COUNTED IF THEY ARE LISTED ON THE COLLEGE TRANSCRIPT FOR COLLEGE CREDIT.

SECTION 3: Certification

I certify under the penalty of perjury that my verification of the candidates experience is true and correct and that they have obtained the experience as indicated and that I was currently 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 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 Verifier (same person as listed in Section 2)- <u>DO NOT PRINT</u>		_____ Date Signed-must be 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 WHOLE PERIOD OF VERIFICATION.

THIS FORM MUST BE SUBMITTED BY THE VERIFIER ONLY-FORM WILL NOT BE ACCEPTED IF SUBMITTED BY APPLICANT OR WITH THE APPLICATION.

VERIFIER'S RESPONSIBILITIES:

You have personally verified the work performed by the candidate
Your CPA/PA license was current throughout the entire duration of the candidate's experience
You either employed the candidate or both you and the candidate were employed by the same firm
The experience is appropriate for the applicable categories

QUALIFIED EXPERIENCE:

Conditional candidate who passed at least one part of the exam before December 31, 2011 has two options:

1. Baccalaureate degree – 120 Hours | Two Years – A candidate can become licensed with 120 semester credit hours and two years (3,200 hours) of qualified experience within ten years prior to the date of certification application.
2. Masters or other post-graduate degree – 150 Hours | One Year – A candidate can become licensed with 150 semester credit hours and one year (1,600 hours) of qualified experience within ten years prior to the date of certification application

All other candidates need 150 semester credit hours of education and must have one year (1,600 hours) of qualified experience within five years prior to the date of certification application.

Each year of qualified experience shall be met by attaining 1,600 hours in not less than twelve months.

A candidate may not receive credit for more than 1,600 hours in any 12-month period.

UNACCEPTABLE EXPERIENCE:

Self-employment.

Work as a partner in a partnership.

Work verified by a CPA who was *not licensed* at any time during the verification.

Work verified by an accounting firm which is independent of the entity for which the candidate works.