



NEVADA STATE BOARD OF ACCOUNTANCY

1325 Airmotive Way, Ste. 220 * Reno, NV 89502 * (775) 786-0231

EXPERIENCE VERIFICATION

FULL NAME OF:
APPLICANT

_____ (Prior Name)

PERIOD OF EMPLOYMENT

An applicant must have at least 4,000 hours of work with increasing levels of complexity and diversity, performed over a period of not less than 2 years in industry, public practice, government or a nonprofit organization, where the applicant provides any type of professional service or advice using accounting, attestation, compilation, management advisory services, financial advisory services or tax consulting.

To satisfy the requirements for experience all work must have been performed under the direct supervision of a person engaged in active practice as a certified public accountant.

FULL TIME

From _____ To _____
Mo Day Yr Mo Day Yr

PART TIME

From _____ To _____
Mo Day Yr Mo Day Yr

Total Number of Hours of Part Time Employment _____

The applicant's experience is in the following area:

_____ Public Accounting

_____ Industry

_____ Governmental

Describe the type of work that was performed - attach additional pages if further explanation is needed.

By submission of this form, you are consenting to the Board's review of the underlying records of the organization upon which the experience is based.

NOTE: Licensee signing this form must have sufficient knowledge through supervision or systems to certify as to the applicant's experience.

Responsible CPA _____ Title: _____

CPA Certificate Number: _____ State of Issuance: _____ Issue Date: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____

I certify that all representations I have made are true and complete in every respect under penalty of perjury. I hereby authorize the Nevada State Board of Accountancy to make inquiries, as it deems necessary, to verify the accuracy and completeness of all representations made. I hereby release, discharge and exonerate the Nevada State Board of Accountancy, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided or the Nevada State Board of Accountancy has obtained.

Signature of person verifying the experience of applicant

Date