

# EXPERIENCE VERIFICATION FORM

ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY  
PO Box 300375  
Montgomery AL 36130-0375  
334-242-5700 • [www.asbpa.alabama.gov](http://www.asbpa.alabama.gov)

- Permits to engage in the practice of public accounting shall be issued by the Board to a holder of a CPA certificate issued under the laws of this state to a person who shall have furnished evidence satisfactory to the Board of **one year** of experience in public accountant or its equivalent. Public accounting shall mean full-time employment by a public accounting firm as a staff accountant and supervised by a practicing CPA or registered PA holding a valid permit to practice in this or any other state.
- The following shall be deemed the equivalent of one year of experience in public accounting: **two years'** full-time employment in the accounting field in industry, business, government, or college teaching; or any combination of the above. Such experience must be properly supervised, have sufficient quality and depth, meet one of the criteria for the duration of that qualifying experience. Please read [Accounting Rule 30-X-5-.06](#) for details of each area of experience.
- If the Applicant/CPA has more than one employer verifying experience, please use a separate form for each.
- When completing this form, please print legibly.

## 1. APPLICANT/CPA CONTACT INFORMATION (to be completed by Applicant/CPA):

Full Name: \_\_\_\_\_ AL CPA Cert #: \_\_\_\_\_  
(if not a CPA, last 4 digits of SSN)

Preferred phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. EMPLOYER INFORMATION, APPLICANT/CPA EXPERIENCE INFORMATION & VERIFYING AGENT INFORMATION:

(to be completed by the person (agent) verifying employment)

- By signing below, the Verifying Agent is acknowledging that the information below is correct.
- Additionally, if verifying 1 year of public accounting experience, the Verifying Agent must be a CPA that is active and in good standing in the State of Alabama or another state\*.

Employer Name: \_\_\_\_\_ Is this a CPA firm? YES NO

Address: \_\_\_\_\_

Employment time period: \_\_\_\_\_ to \_\_\_\_\_ Full-time or Part-time? \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy NOTE: Full-time experience must be 30 hours a week, or more, not an average.

Job Title: \_\_\_\_\_ Internship? YES NO

Brief description of experience: \_\_\_\_\_

Agent Name: \_\_\_\_\_

\*Agent CPA Cert # and Issuing State (if applicable): \_\_\_\_\_

Agent Job Title: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Completed form to: Alabama State Board of Public Accountancy, PO Box 300375, Montgomery, AL 36130-0375

Or

Email to: Chequita Ross at [chequita.ross@asbpa.alabama.gov](mailto:chequita.ross@asbpa.alabama.gov)