

EXPERIENCE VERIFICATION FORM

ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY

PO Box 300375

Montgomery AL 36130-0375

334-242-5700 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 if the person has passed all sections under Pathway 2 or 3 or **two years** of experience under Pathway 1.
- 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.

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