

Experience Verification Form

Prior to applying for a CPA license, a person must have been employed in academia, a firm, government or industry in any capacity involving the substantial use of accounting, financial, tax or other skills that are relevant, as determined by the Virginia Board of Accountancy, to providing services to the public or to or on behalf of an employer. The Virginia individual CPA applicant must complete at least 2,080 work hours, or equivalent to one year of full-time employment. Whether other skills are relevant shall be determined by the VBOA on a case-by-case basis. Self-employment does not meet the definition of experience.

Instructions:

- Page 1 is to be completed by the applicant for licensure.
- Page 2 is to be completed by an active, licensed CPA (from any jurisdiction) who can verify the applicant's work experience. If necessary, attach additional pages.

Please fax the form to (804) 527-4409 or mail to the VBOA at 9960 Mayland Drive, Suite 402, Henrico, VA 23233. Do **not** email this form. The VBOA is not responsible for sensitive information transmitted electronically.

CONTACT INFORMATION OF APPLICANT

Name: _____ Organization: _____

Social Security Number: _____ Street address: _____

Current job title: _____ City/State/ZIP: _____

Phone number: _____ Email address: _____

CERTIFICATION OF APPLICANT

The total number of hours I have worked at the organization(s) as certified by an active, licensed CPA (from any jurisdiction): _____

Must have at least 2,080 work hours.

I certify that the information provided by an active, licensed CPA is accurate and true. My work experience is in compliance with Board regulation [18VAC5-22-100](#).

Signature: _____ Date: _____

Experience Verification Form

CONTACT INFORMATION OF CPA

This page only completed by a CPA.

Name: _____ Organization: _____

CPA license number: _____ Street address: _____

State/Jurisdiction of licensure: _____ City/State/ZIP: _____

Phone number: _____ Email address: _____

WORK EXPERIENCE OF APPLICANT

Field of work experience (choose at least one):

- Academia Government Public accounting
 Industry Other field: _____

Skill utilized (choose at least one):

- Accounting Tax services Financial Other skill: _____

Organization: _____ Dates employed: _____

Applicant job title: _____ Total hours worked: _____
(Must have at least 2,080 work hours)

CERTIFICATION OF CPA

I certify that the information I have provided to be accurate and true. The applicant's work experience is in compliance with Board regulation [18VAC5-22-100](#).

Signature: _____ Date: _____