

Experience Verification Form

Board Regulation [18VAC5-22-100](#). Experience.

Prior to applying for a 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 Board, to providing services to the public using the CPA title or to an employer using the CPA title for a period that is the full-time equivalent of one year. Whether other skills are relevant shall be determined by the board on a case-by-case basis. Self-employment does not meet the definition of experience in [§ 54.1-4400](#), Code of Virginia.

Instructions: Page 1 is to be completed by the applicant for licensure. Page 2 is to be completed by the supervisor of the applicant for licensure. Provide additional copies of page 2 for more than one supervisor.

CONTACT INFORMATION OF APPLICANT

Full name: _____ Social Security Number: _____ Current job title: _____ Phone: _____	Current organization: _____ Street address: _____ City/State/ZIP: _____ Email address: _____
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CERTIFICATION OF APPLICANT

Total number of hours I have worked at the organization(s) certified by my supervisor(s): _____
(Must have at least 2,080 work hours)

I certify that the information provided by my supervisor(s) to be accurate and true. My work experience is in compliance with Board Regulation [18VAC5-22-100](#).

Signature: _____ Date: _____

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CONTACT INFORMATION OF SUPERVISOR

Full name: _____

Organization: _____

Job title: _____

Street address: _____

Phone: _____

City/State: _____

Email address: _____

ZIP code: _____

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

Other skill:

Financial

Organization: _____

Dates employed: _____

Applicant job title: _____

Total hours worked: _____

(Must have at least 2,080 work hours)

CERTIFICATION OF SUPERVISOR

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: _____

Fax to (804) 527-4409 or mail to VBOA, 9960 Mayland Drive, Suite 402, Henrico, VA 23233.

Do **not** email this form. The VBOA is not responsible for sensitive information transmitted electronically.