

## 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. 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.

The form can be submitted by email at [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov), fax to (804) 527-4409 or mail to the VBOA at 9960 Mayland Drive, Suite 402, Henrico, VA 23233. The VBOA is not responsible for sensitive information sent electronically.

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### CONTACT INFORMATION OF APPLICANT

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Street address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Current job title: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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### 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 VBOA regulation [18VAC5-22-100](#).

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

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**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 VBOA regulation [18VAC5-22-100](#).

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