DISTRICT OF COLUMBIA BOARD OF ACCOUNTANCY

EXPERIENCE VERIFICATION FORM

Experience Record: An applicant for initial issuance of a license must show that he or she has had at least one year of experience. One year of experience must consist of full- or part-time employment in government, industry, academia, or public practice that extends over a period of no less than one year, no more than three years, and include no fewer than 2,000 hours performing the services. Whether other skills are relevant will be determined by the Board on a case-by-case basis. Self-employment does not meet the definition of experience.

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

APPLICANT CONTACT INFORMATION

Name: _____ Organization: _____

SSN/Passport No.: _____ Street Address: _____

Current Job Title: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

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 be at least 2,000 hours

☐ I certify that the information provided by an active, licensed CPA is accurate and true. My work experience is in compliance with DCMR Title 17 § 2500.

Signature _____ Date: _____

EXPERIENCE VERIFICATION FORM

CONTACT INFORMATION OF LICENSED CPA
(This page to be completed only by a licensed CPA.)

Name: _____   Organization: _____

CPA License No.: _____   Street Address: _____

State/Jurisdiction:_____   City/State/Zip: _____

Phone Number: _____   Email: _____

WORK EXPERIENCE OF APPLICANT

Field of work experience (choose at least one):

☐ Government   ☐ Industry   ☐ Academia   ☐ Public Practice

Skill utilized (choose at least one):

☐ Accounting   ☐ Tax Services   ☐ Financial

Organization: _____   Dates Employed: _____

Applicant job title: _____   Total hours worked: _____
(Must be at least 2,000 hours achieved within 1-3 years)

CERTIFICATION OF CPA

☐   I certify that the information I have provided is accurate and true. The applicant's work experience is in compliance with DCMR Title 17 § 2500.

Signature _____   Date: _____