

**Part III: Employer and Dates of Employment Information**

As stated in this application, in order for experience to be considered "qualifying experience" it must be verified by a licensed CPA or Registered Public Accountant.

I hereby attest that the applicant named above was employed during the following periods of time:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

CPA or PA \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Part IV: Types of Experience**

I verify that the applicant gained the following types of experience: (check all that apply)

- Audits of financial statements
- Preparation of tax returns
- Reviews of financial statements
- Tax research
- Compilations of financial statements
- Management advisory services
- Other types of auditing services (describe below)
- Consulting services using accounting or auditing skills
- Write-up work and keeping of books of account and records
- Other accounting duties (describe below)

-----  
-----  
-----  
-----

Was the applicant's position a full-time position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please indicate the approximate number of hours worked during the period(s) of employment. \_\_\_\_\_  
# of hours

Based on the information known to me, it is my opinion that such employment should qualify for \_\_\_\_\_ of full-time employment.  
# of months

**Part V: Certification of CPA who is attesting to the experience of another**

I, \_\_\_\_\_, do hereby affirm that the information I have supplied in this application on behalf of \_\_\_\_\_, is true and correct. I understand that if any of the representations are found to be incorrect, such would be considered to be Unprofessional Conduct. Such Unprofessional Conduct shall be brought before the West Virginia Board of Accountancy, or other appropriate authority, for disciplinary action.

Signature of CPA or PA \_\_\_\_\_ Type or Print Name Legibly \_\_\_\_\_ Position \_\_\_\_\_ Certificate # \_\_\_\_\_ State of Certification \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary \_\_\_\_\_ County of \_\_\_\_\_ For the State of \_\_\_\_\_

Notary Seal