

**West Virginia Board of Accountancy**  
**405 Capitol Street, Suite 908, Charleston, WV 25301**  
**(304) 558-3557**

## Experience Verification Form

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Experience may consist of providing any type of relevant service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. Experience may be satisfied by employment in private practice, government, industry, a not-for-profit organization, academia or public practice and must be verified by the holder of an active West Virginia or out-of-state certificate.

### Types of Experience

I verify that the above-referenced applicant gained the following types of experience. (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Audits of financial statements                    | <input type="checkbox"/> Preparation of tax returns                                |
| <input type="checkbox"/> Reviews of financial statements                   | <input type="checkbox"/> Tax research  |
| <input type="checkbox"/> Compilations of financial statements              | <input type="checkbox"/> Management advisory services                              |
| <input type="checkbox"/> Other types of auditing services (describe below) | <input type="checkbox"/> Consulting services using accounting or auditing skills   |
| _____  | <input type="checkbox"/> Write-up work and keeping of books of account and records |
| _____  | <input type="checkbox"/> Other accounting duties (describe below)                  |
| _____  | _____  |
| _____  | _____  |
| _____  | _____  |

Was the applicant's position full-time? \_\_\_\_\_ YES \_\_\_\_\_ NO      Dates from \_\_\_\_\_ to \_\_\_\_\_

If NO, please indicate the approximate number of hours worked during the period of employment \_\_\_\_\_ # of hours  
Based on the information known to me, it is my opinion that such employment should qualify for \_\_\_\_\_ # of months  
of full-time employment.

### CPA's Verifying Statement

CPA's name: \_\_\_\_\_

License Number \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Street Address City State Zip Phone Number

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 could be considered to be Unprofessional Conduct. Such Unprofessional Conduct may be brought before the West Virginia Board of Accountancy, or other appropriate authority, for disciplinary action.

Verifying CPA's Signature

Date