

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**BOARD OF ACCOUNTANCY**  
240 N. W. 76th Drive, Suite A  
Gainesville, Florida 32607

**CERTIFICATION OF WORK EXPERIENCE**

**INSTRUCTION TO EMPLOYEE: Please sign this statement, forward to employer for completion and return to the Board of Accountancy.**

I hereby authorize my employers (past and present) to release to the Florida Board of Accountancy any information, files and/or records as it may deem necessary in the processing of this certification of work experience.

Name of employee \_\_\_\_\_  
(PLEASE PRINT OR TYPE)

Address of employee \_\_\_\_\_  
STREET OR P.O. BOX # CITY STATE ZIP

\_\_\_\_\_  
DATE SIGNATURE OF EMPLOYEE

**INSTRUCTIONS TO EMPLOYER: Please complete, have notarized and forward this Certification of Work Experience form to the Board of Accountancy, 240 N. W. 76th Drive, Suite A, Gainesville, Florida 32607.**

1. Name of employer \_\_\_\_\_

2. Location of office in which employee was employed \_\_\_\_\_  
\_\_\_\_\_

3. FULL-TIME EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_

Applicant still employed:  YES  NO

4. PART-TIME EMPLOYMENT (Give complete details below. Attach additional statement if necessary.)

Employed from \_\_\_\_\_ To \_\_\_\_\_

Number weeks employed \_\_\_\_\_

Average number hours per week employed \_\_\_\_\_

Total hours employed \_\_\_\_\_

COMPLETE REVERSE SIDE

5. Absences from work: (Applicable to full-time employee only)

FROM	TO	REASON FOR ABSENCE
_____	_____	_____
_____	_____	_____

6. Is there any additional information concerning the good moral character or technical fitness of the employee relative to his/her practice of public accounting that you feel the Board should be informed of? \_\_\_\_ Yes \_\_\_\_ No (If "Yes", please attach written explanation.) Good moral character means a "personal history of honesty, fairness, and respect for the rights of others and the laws of this state and nation."

I HEREBY CERTIFY that the employee named on this certification:

has rendered such services as are customarily performed by a full-time regularly employed professional staff employee of a certified public accountant or firm thereof engaged in the full-time practice of public accounting and was supervised (as defined below) by a certified public accountant who was employed on a full-time basis.

has been employed for at least one year by a unit of federal, state or local government in a position which required the use of accounting skills and was supervised (as defined below) by a certified public accountant who was employed by the unit of federal, state or local government on a full-time basis. (If application to take the CPA exam was made prior to August 2, 1983.)

has been employed for at least five years in public accounting or by a unit of federal, state, or local government and that employment required the use of accounting skills as a substantial part of his/her duties, while licensed as a CPA or an approved Chartered Accountant, under the supervision (as defined below) of a licensed CPA or approved Chartered Accountant.

Supervision, as utilized in Section 473.308(4), F.S., shall be deemed and construed to mean the applicant, during his employment, was subject to oversight, guidance and evaluation by a certified public accountant who has the right to control and direct the applicant as to the result to be accomplished by the work and also as to the means by which the result was to be accomplished.

Employer was engaged in substantially full-time practice of public accounting: \_\_\_\_ YES \_\_\_\_ NO  
(If "NO," please attach a written explanation of work performed and nature of supervision.)

Employer's name \_\_\_\_\_

Firm name (if applicable) \_\_\_\_\_

Status in firm (if applicable) \_\_\_\_\_

CPA certificate no. \_\_\_\_\_ Date issued \_\_\_\_\_ State in which certified \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EMPLOYER, PARTNER OR STOCKHOLDER

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_

as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print, type, stamp name of Notary Public