

## Experience Verification Form Virginia Board of Accountancy (VBOA)

**Board Regulation 18VAC5-22-100. Experience.**

*Prior to applying for a 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 board, to providing services to the public using the CPA title or to an employer using the CPA title for a period that is the full-time equivalent of one year. Whether other skills are relevant shall be determined by the board on a case-by-case basis. Self-employment does not meet the definition of experience in § 54.1-4400, Code of Virginia.*

**Instructions:** Page 1 is to be completed by the applicant for licensure. Page 2 is to be completed by the supervisor of the applicant for licensure. Provide additional copies of page 2 for more than one supervisor.

| <b>CONTACT INFORMATION of APPLICANT</b> |                             |
|---|-----------------------------|
| Full Name: _____                        | Current Organization: _____ |
| SSN: _____                              | Street Address: _____       |
| Current Job Title: _____                | City/State/Zip: _____       |
| Phone: _____                            | Email Address: _____        |

| <b>CERTIFICATION of APPLICANT</b>   |             |
|---|-------------|
| Total number of hours I have worked at the organization(s) certified by my supervisor(s): _____   |             |
| <input type="checkbox"/> I certify that the information provided by my supervisor(s) to be accurate and true. My work experience is in compliance with Board Regulation <a href="#">18VAC5-22-100</a> . |             |
| Signature: _____  | Date: _____ |

## Experience Verification Form Virginia Board of Accountancy (VBOA)

**Board Regulation [18VAC5-22-100](#). Experience.**

*Prior to applying for a 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 board, to providing services to the public using the CPA title or to an employer using the CPA title for a period that is the full-time equivalent of one year. Whether other skills are relevant shall be determined by the board on a case-by-case basis. Self-employment does not meet the definition of experience in [§ 54.1-4400](#), Code of Virginia.*

| <b>CONTACT INFORMATION of SUPERVISOR</b> |                       |
|--|-----------------------|
| Full Name: _____                         | Organization: _____   |
| Job Title: _____                         | Street Address: _____ |
| Phone: _____                             | City / State: _____   |
| Email Address: _____                     | Zip Code: _____       |

| <b>WORK EXPERIENCE of APPLICANT</b>             |  |
|---|--|
| FIELD of work experience (choose at least one): |  |
| <input type="checkbox"/> Academia               | <input type="checkbox"/> Government        |
| <input type="checkbox"/> Public Accounting      | <input type="checkbox"/> Industry          |
| <input type="checkbox"/> Other Field _____      |  |
| SKILL utilized (choose at least one):           |  |
| <input type="checkbox"/> Accounting             | <input type="checkbox"/> Tax Services      |
| <input type="checkbox"/> Financial              | <input type="checkbox"/> Other Skill _____ |
| Organization: _____                             | Dates Employed: _____                      |
| Applicant Job Title: _____                      | Total Hours Worked: _____                  |

| <b>CERTIFICATION of SUPERVISOR</b>  |             |
|---|-------------|
| <input type="checkbox"/> I certify that the information I have provided to be accurate and true. The applicant's work experience is in compliance with Board Regulation <a href="#">18VAC5-22-100</a> . |             |
| Signature: _____  | Date: _____ |