

IDAHO STATE BOARD OF ACCOUNTANCY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: isba@dopl.idaho.gov

VERIFICATION OF EMPLOYMENT AND EXPERIENCE EVALUATION FORM

An applicant must provide evidence of one (1) year of experience to receive a license. The experience shall consist of full or part time employment that extends over a period of **no less than twelve (12) months** and **no more than thirty-six (36) months** and includes **no fewer than two thousand (2,000) hours** of performance of services. Experience must be earned **within the ten (10) year period immediately preceding the latest application for licensure**. Please return a completed form for each employer.

Applicant Name: _____ E-mail Address: _____

Employer: _____ Employer Address: _____

Applicant's Job Title: _____ Period of Employment: _____ to _____

Absence during this period of employment for military service or medical leave (circle one) was from _____ to _____

Please list your total hours from this employer: Public Practice: _____ hours Non-Public Practice _____ hours

Please briefly describe your accounting experience which demonstrates satisfactory knowledge of current practice standards and pronouncements of the profession in the following areas. Indicate the percentage of experience in each area. Attach additional sheets if necessary.

_____ % Accounting: _____

_____ % Auditing: _____

_____ % Management Advisory: _____

_____ % Financial Advisory: _____

_____ % Consulting: _____

_____ % Tax Advise: _____

APPLICANT'S CERTIFIED TRUE STATEMENT

I certify to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. (The applicant is not required to have their signature notarized)

Date: _____ Signature: _____

CPA'S OR LPA'S NOTARIZED CERTIFIED TRUE STATEMENT

My signature below indicates my compliance with the following requirements:

- 1) I will maintain all supporting documentation of the applicant's experience until 30 days after the applicants is granted a certificate. I understand the Board of Accountancy or its designee may inspect the supporting documentation of the applicant's experience upon receipt of the application prior to its approval.
- 2) The above named applicant has demonstrated satisfactory knowledge of current practice standards and pronouncements of the profession.
- 3) I understand any false or misleading statement made on a certificate of experience shall constitute a violation of Idaho Code 54-219(1)(a) and could result in the suspension or revocation of my license.

Dated: _____ Signature: _____ Please print your name: _____

State/s in which I hold a current CPA license. Please list license number/s _____

If you are a licensed LPA in Idaho, please list your license number PA- _____

Notary Public:

Subscribed and sworn before me this _____ day of _____, 20_____.

Official Seal

Notary Public Signature _____

Residing at _____ (County) _____ (State)

My commission expires _____