

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF ACCOUNTANCY

1940 North Monroe Street
Tallahassee, Florida 32399

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, 1940 North Monroe Street, Tallahassee, Florida 32399.

1. Name of employer _____

2. Location of office in which employee was employed _____

3. FULL-TIME EMPLOYMENT: From _____ To _____

Number weeks employed _____ Applicant still employed: YES NO

Average hours per week employed _____

Total hours employed _____

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 _____

5. 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."

COMPLETE REVERSE SIDE

I, the undersigned, state 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 for at least one year 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.

has been employed for at least one year in industry and that employment required the use of accounting skills as a substantial part of his/her duties 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 an educational institution in a full-time accounting teaching position 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 five years in public accounting, industry, 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, after licensure as a CPA or Canadian or Australian Chartered Accountant, under the supervision (as defined below) of a licensed CPA or Canadian or Australian CA.

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.

I state that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to sections 455.2275 and 837.06, Florida Statutes.

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