

**State of Florida  
 Department of Business and Professional Regulation  
 Board of Accountancy  
 Verification of Work Experience  
 Form # DBPR CPA 32**

**VERIFICATION OF WORK EXPERIENCE**

**INSTRUCTION TO APPLICANT: Please sign this statement, forward to verifying CPA for completion and return to the Department of Business and Professional Regulation.**

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 verification of work experience.

APPLICANT INFORMATION		
Last Name	First	Middle
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
Date	Signature	

EMPLOYER INFORMATION
Name of employer _____
Location of office in which applicant was employed _____

**VERIFICATION PERIOD**

3. FULL-TIME EMPLOYMENT: Date 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.)

Date From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

**INSTRUCTIONS TO VERIFYING CPA: Please complete and forward this Verification of Work Experience form to the Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399-0783.**

I, the undersigned, state that the applicant named on this certification:

has had one year of work experience which included providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills. This experience was gained through employment in government, industry, academia, or public practice and constituted a substantial part of the applicant's duties.

has had at least five years of work experience, after licensure as a CPA or Canadian, Mexican, Irish, Australian, New Zealand, or Hong Kong Chartered Accountant, which included providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills. This experience was gained through employment in government, industry, academia, or public practice and constituted a substantial part of the applicant's duties.

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.

Verifying CPA's Name \_\_\_\_\_

CPA License Number \_\_\_\_\_ Date License to Practice Issued \_\_\_\_\_

State in which certified \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF VERIFYING CPA

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."