

Instructions for the Experience Verification Form

- This form is to be completed by the individual who supervised your work and must be one of the following:
- * CPA from U.S.
 - * CPA or CA from Australia
 - * CA from Canada, Ireland and/or New Zealand
 - * Contadores Publicos Certificado (CPC) from Mexico
 - * CPA from Hong Kong

Note: By administrative rule: (e) For purposes of (c) and (d) above, no experience shall be counted being under the direction of a licensed CPA, CA, CPC or other equivalent foreign designation holder unless such licensee has the authority to review, direct and evaluate on a continuing basis the accounting activities of those who are under the licensee's professional accounting control.

- The verifying CPA must have been active during the the entire period of employment being attested on this form. Experience gained under an inactive/expired CPA should not be listed on this form.
- Only experience which meets the board's experience requirement should be listed on this form. Each year of employment attested on this form must have 1500 hours in accounting, auditing and/or tax skills in order to qualify.
- Forward this form to the supervising CPA for completion.
- Upon receipt, upload this form into your online application.

Experience Verification Form

Applicant Name: _____

Experience Type: Public Accounting Industry Academia

Dates of Employment: From: _____ To: _____

Candidate Worked: Full Time Part Time

CPA OR CHARTERED ACCOUNTANT VERIFYING INFORMATION:

Certified Public Accountant (US)
Chartered Accountant (Canada)
Chartered Accountant (Ireland)
Certified Public Accountant (Hong Kong)

Certified Public Accountant (Australia)
Chartered Accountant (Australia)
Contadores Publicos Certificado (Mexico)
Chartered Accountant (New Zealand)

Supervisor License State/Province/Country: _____

License Number: _____

Expiration Date: _____

# of Hours in Audit, Review, Financial Statement or any Report Function	
# of Hours in Management Advisory Services	
# of Hours in Financial Advisory Services	
# of Hours in Consulting Services	
# of Hours in Preparation of Tax Returns	
# of Hours in Furnishing Advice on Tax Returns	
# of Hours in Furnishing Advice on Tax Matters	
Total Number of Hours Above	
Other Hours (Administrative, CPE, Vocation, Etc.)	

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Certified Public Accountant.

Printed Name: _____

Date: _____ Written Signature _____