**Verification of Supervisor’s Licensure**  
**Chartered Accountants Ireland**

In those cases where CAI is not able to confirm the candidate has completed the additional 2 years of relevant work experience, the experience may be verified by a direct supervisor using the Verification of Experience form. The Verification of Supervisor’s Licensure form must be submitted to confirm the supervisor’s valid license as a CA or U.S. CPA. The candidate’s application for the IQEX is incomplete until both forms have been submitted.

This Verification of Supervisor’s Licensure is valid for the IQEX only. After you pass the IQEX and are ready to apply for licensure as a Certified Public Accountant in the U.S., you will need to follow the licensure application process for the state to which you apply for licensure. This may include a new verification of experience.

### Part 1 - To be completed by the candidate:

1. Applicant’s Name: ________________________________________________   2. Date of Birth: ________________ mm/dd/yyyy

### Part 2 – To be completed by the supervisor:

Name: ________________________________________________     Firm: _____________________________________

First    Middle    Last

- [ ] Chartered Accountant in good standing with CAI                Membership number: ___________________________
- [ ] licensed CPA in the U.S.         Jurisdiction:  ______________ Certificate/License Number: ______________________

Duration of Supervised Experience: From: ____________________ To: ____________________

### Part 3 – To be completed by CAI or the U.S. State Board:

I certify the person identified in Part 2 above, held an active permit/license to engage in the practice of public accounting during the entire “Duration of Supervised Experience” as specified above.

Comments: ________________________________________________________________________________________

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__________________________________________________________________________________________________

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___________________________________________________  
Board/Institute

___________________________________________________  
Official Signature

___________________________________________________  
Title

___________________________________________________  
Date

RETURN THIS FORM TO:  NASBA – IQEX  
P.O. Box 198469  
Nashville, TN 37219-8469  
FAX: 615-880-4266  
Email: iqex@nasba.org