Verification of Supervisor’s Licensure
CPA Australia

In those cases where CPA Australia is not able to confirm the candidate has completed the additional 2 years and 8 months 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 an Australian CPA 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

- □ CPA in good standing with CPA Australia
- □ licensed CPA in the U.S.

Membership number: ___________________________
Jurisdiction: ______________ Certificate/License Number: ______________________

Duration of Supervised Experience: From: ____________________ To: ____________________

**Part 3 – To be completed by CPA Australia 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: ________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

__________________________________________________________________________________________________

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