

ALASKA

VERIFICATION OF LICENSURE FOR CPA SUPERVISOR

This form is to be completed only if you are certified/licensed United States CPA in a state other than Alaska.

To verify your experience under the direct supervision of a CPA, this form (Section B) must be completed by the licensing authority in the jurisdiction where the supervising CPA holds an active permit to practice. You are advised to check with that Board before forwarding this form to determine if there is a fee or if additional requirements need to be met before the information will be released. After completing Section-A, submit this form to the State Board of Accountancy where the supervising CPA holds a permit to practice public accounting.

Section A: To be completed by the Applicant

Name: _____
First Name Middle Name Last name

Supervising CPA Information

Direct Supervisor's Name Firm / Company

Certificate Number State where certified / licensed

Duration of supervised experience From: _____ To: _____
Date Date

SECTION B: To be completed by the Board of Accountancy where the above-named supervising CPA is certified and permitted to engage in the practice of public accounting.

I certify that _____, license number _____ in the state of _____ 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'S SEAL

Board Date

Boards Official Signature Title

RETURN THIS FORM TO:

CPAExam@nasba.org

(If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

OR

CPA Examination Services – AK

P.O. Box 198469

Nashville, TN 37219-8469