

ALASKA

VERIFICATION OF SUPERVISED WORK EXPERIENCE

This form is for candidates who are unable to show proof of a degree with an accounting concentration or fifteen (15) semester hours of accounting. This form verifies proof of one-year public accounting experience under the direct supervision of a United States certified public accountant. (See AS 08.04.150(1)(A)(B)(C))

SECTION A: To be completed by the Applicant

Name: _____
First Name Middle Name Last Name

Maiden Name: _____ Date of Birth: _____
mm/dd/yyyy

Address: _____
Street Address City State Zip / Postal Code

Telephone Number: _____ Email: _____

I hereby request and authorize _____ to provide all pertinent information requested in this form to the Alaska Board of Public Accountancy or its agency to complete an application filed with that agency.

Applicant Signature Date

SECTION B: To be completed by a United States CPA

By my signature below, I acknowledge that the above-referenced applicant has had one year of public accounting experience under my direct supervision and that I am a United States certified public accountant. (Verification of Licensure for CPA Supervisor form must be completed if supervisor is not licensed in Alaska.)

I certify that I supervised _____ at _____
Applicant Name Firm/Company Name

from _____ to _____. The public accounting experience performed by the

applicant included: _____

Direct Supervisor's Signature Date

Certificate Number State where certified / licensed

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: _____ State of _____

My Commission expires _____

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