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.

_________________________________________       Date

Applicant Signature

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:

________________________________________

________________________________________

________________________________________

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________________________________________

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________________________________________

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
OR
CPA Examination Services – AK
P.O. Box 198469
Nashville, TN 37219-8469

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