Arkansas State Board of Public Accountancy 101 East Capitol, Suite 450 Little Rock, AR 72201 Phone (501) 682-1520 Fax (501) 682-5538 www.arkansas.gov/asbpa

EXPERIENCE AFFIDAVIT FOR A LICENSE TO PRACTICE PUBLIC ACCOUNTANCY IN ARKANSAS (DO NOT USE PENCIL)

Arkansas Code Annotated §17-12-309:

(a) An applicant for initial issuance of a certificate under this subchapter shall show that the applicant has had one (1) year of experience. (b) The experience shall include providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills all of which were verified by a licensee, meeting requirements prescribed by the Arkansas State Board of Public Accountancy by rule. (c) The experience will be acceptable if it was gained through employment in government, industry, academia, or public practice.

Board Rule 16:

The experience required to be demonstrated for issuance of an initial certificate pursuant to A.C.A. §17-12-309 shall meet the requirements of this rule: (a) Experience shall include providing any type of services or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills. (b) The applicant shall have their experience verified to, and on a form approved by, the Board by a licensee as defined in the act or from another state. Acceptable experience shall include employment in industry, government, academia or public practice. The Board shall look at such factors as the complexity and diversity of the work. (c) One year of experience shall consist of full or part-time employment that extends over a period of no less than a year and no more than three years and includes no fewer than 2,000 hours of performance of services described in (a) above.

<u>Applicants</u>: complete Section I of this form and forward it to a licensee as defined in the Act or by a licensee of another state who can verify your experience within the previous three years. The licensee should return it directly to the Board. Do not include it with your application.

<u>Licensed Verifier</u>: Please complete Section II of this form and return the entire form directly to the Board at the address above. Any exceptions to the candidate's quality of experience, character or fitness for service in the professional capacity of a CPA may be directed to the Board with this form or under separate cover. Please do not return this form to the applicant.

SECTION I to be completed by applicant.

1.	Full name:			
	Last	First	Middle	Maiden
2.	Residence address:		City, State	Zip Code
3.	Daytime phone Number: ()			
4.	Employer Name:			
5.	Employer Address:			
6.	Dates of employment:	to		
7.	Position/title:	Ful	l-time	Part-time
8.	Employer Type: check one: Public Practice Industry] Governmer] Academia	ıt	Other (Explain)

I authorize the release of my experience information to the Arkansas State Board of Public Accountancy.

Signed:

Date:

SECTION II to be completed by licensed verifier

1. The applicant held the following job position (s) during the period (s) noted:

	Date Period - From:To:		
	Date Period - From:To:		
Ex	aperience was (check one) Part Time Full time Total Hours worked		
2.	Length of Experience (circle one) (Years, /months/days).		
3.	. Was applicant's experience in accordance with A.C.A. §17-12-309 and Board Rule 16? See previous page for definitionsYesNo.		
4.	I do verify that this applicant demonstrated high standards of professional competence in the following areas (check all that apply): Accounting Attest Management Advisory Financial Advisory Tax Consulting (describe)		

I certify under penalty of perjury to the truth and accuracy of the information provided herein and that during the above stated period (s), the applicant worked in the position(s) mentioned above. By signing this form, I authorize the Arkansas State Board of Public Accountancy to verify my certificate/license with the appropriate board(s) of accountancy.

Print Name	Firm Certificate/License Number
Current Employer	Title/position
Street/PO Box	City, State Zip Code
Signature	CPA Certificate/License Number