

Name of license applicant: _____

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: _____

Experience 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 definitions. Yes No.

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