



Arkansas State Board of Public Accountancy

900 West Capitol, Suite 400 • Little Rock, AR 72201

Phone (501) 682-1520 • Fax (501) 682-5538 • www.arkansas.gov/ASBPA

Experience Affidavit

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.

Initial Application - Board Rule 16

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 §17-12-309 above. The one year of experience gained must have occurred within the 3 years preceding the date of licensure application.

Upgrade Application - Board Rule 13.7(d)

Upgrade applicants who have been inactive for three (3) years or more must have at least one year of experience verified on a form approved by the Board from a licensee as defined in the Act or from another state. This experience must have been earned within the five years preceding the application for active status.

Applicants

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.

Licensed Verifier

Please complete Section II and return this Affidavit directly to the Board at the address on this form. 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 to applicant.**

SECTION I - To be completed by applicant

Full name: _____
Last First Middle Maiden

Residence address: _____
Street/Apt. Number City, State Zip Code

Daytime phone Number: (_____) _____ - _____

Employer Name: _____

Employer Address: _____

Dates of employment: _____ to _____

Position/title: _____ Full-time Part-time

Employer Type: check one:

- Public Practice Government Industry
- Academia Other (Explain) _____

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

Signature

Date

Name of applicant _____

SECTION II - To be completed by licensed verifier; not to be completed by applicant.

The applicant held the following job position(s) during the dates indicated below:

_____ From: _____ To: _____

_____ From: _____ To: _____

Experience was Part Time Full time

Length of Experience: _____ Years Months Days

Total Hours worked: _____ (ex. 2,084 hours; **not** 40 hours per week)

Was applicant's experience in accordance with A.C.A. §17-12-309 and Board Rule 16 or 13.7(d)? Yes No
See previous page for definitions.

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 (verifier, not applicant)

Verifier License Number

Verifier Current Employer

Verifier Title/position

Verifier Address

City, State Zip

Verifier Phone Number

Firm License Number

Signature

Date