



# Arkansas State Board of Public Accountancy

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

phone (501) 682-5532 • 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.

### 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.

### 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?  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