



Applicants: Complete sections A and B, then forward this form for completion by your supervisor / verifier. If your experience involves more than one employer, copy this form and submit one form for each entity. As of April 1, 2016, experience is to be verified by a CPA (or a CA of Australia, Canada, Ireland or New Zealand, Hong Kong CPAs, or Mexico CP).

Verifiers / Supervisors: Verify the information in section B, complete section C and return this form by mail directly to the Board, at the above address.

Section A Applicant Information

First Name: _____ MI: ____ Last Name: _____ SSN: _____

Address: _____ City: _____ State: ____ Zip: _____ PH: _____

Section B - Employer Information

Employer Name: _____ Position Held: _____

Address: _____ City: _____ State: ____ Zip: _____ PH: _____

Name of Supervisor: _____ Firm Name (if different from above: _____

Firm Address: _____ City: _____ State: ____ Zip: _____ PH: _____

Describe the work you performed in this position:

Check the type of employer: Public Accounting Industry Gov't Academia Other

Dates of employment: Full time, from _____ to _____ and/or Part time, from _____ to _____

List the total number of hours you worked for this employer _____

List the number of hours of experience you gained with this employer, in providing services or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills.

List the total number of hours you spent involved in all other activities, such as classroom training, admin. work, etc. _____

Signature Block

I certify that I am of good moral character and have never been convicted of a felony, or any crime involving theft, dishonesty or fraud (beyond age 17) under the laws of the U.S. or this state, or of any other state if the acts involved would have constituted a crime under the laws of this state, except as indicated on an attached sheet. I further certify that the statements made herein, and my signature below are true; that I have not withheld any information that might affect this application; and that if I obtain a ND CPA certificate I will comply with the statutes of North Dakota and the regulations of the NDSBA. I grant the Board permission to conduct a background investigation on me, and I grant the Board permission to share any information (including SSN) in this or any prior applications, with third parties, for licensee database or exam purposes. I authorize the Board to contact any source for verification.

Signature: _____ Date: _____ Send this form to your supervisor/verifier

Section C - Signature of supervisor/verifier

I have examined the information listed above and I believe it to be true and complete as stated.

Signature: _____ Name: _____ GS CPA?: ____ Date: _____

Relationship to applicant: _____ e-mail address: _____ Business Phone: _____

(Rule 3-02-04-01)

Qualifying Experience. The experience required for initial certification after December 31, 2000, must consist of at least two thousand hours gained within four or fewer calendar years, and must be verified to the satisfaction of the Board. The majority of the experience must consist of providing some service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. Candidates may complete the required examinations before completing any of the experience required for initial certification.

(Law)

After December 31, 2000, an applicant for initial issuance of a certificate under this section shall show that the applicant has had one year of experience. This experience must include providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. This experience must be verified and must meet any other requirements prescribed by the Board by rule. This experience is acceptable if it was gained through employment in government, industry, academia, or public accounting. This experience requirement does not apply to those who received a certificate from this state prior to January 1, 2000.