

Oregon Board of Accountancy
 3218 Pringle Road SE #110
 Salem OR 97302-6307
 503-378-4181
 503-378-3575 FAX
 www.boa.state.or.us

Certificate of Experience for CPA Examination

Candidate's Name: _____

Employer's Name: _____

Address: _____

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TO BE COMPLETED BY THE EMPLOYER

Please complete this form within 21 days verifying the above-named applicant's experience under your employ.

EXPERIENCE RECORD

Period of Employment	Time in Months	
Full Time	(carry decimal to 2 places & round down)	
From _____ To _____		_____ Full Time
Part Time*	Part Time Hours _____	_____ Part Time
From _____ To _____	Total _____ (173 Hours = 1 month)	_____ Total Months

*Qualifying part-time employment must be at least 20 hours per week.

CERTIFICATION

The practice of public accounting is defined as "performance of or any offering to perform one or more services for a client or potential client involving the use of auditing or accounting skills, and including issuance of reports on financial statements, performance of management advisory or consulting services, the preparation of tax returns or the furnishing of advise on tax matters, including the performance of such services in the employ of another person".

I certify that the above-named applicant has obtained satisfactory experience as described above, and that the experience was under the direct supervision of a U.S. public accountant or a U.S. certified public accountant, or a Chartered Accountant*.

****If Chartered Accountant, copy of Certificate MUST accompany this form**

*Chartered Accountants are only permitted to verify experience for the CPA Exam

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 Name of Licensee** _____ Position _____

License Number _____ Fax Number _____

Telephone Number _____ Date Permit Expires _____

State Issued In _____ Date _____

Signature of Licensee _____ E-MAIL Address _____

For Board Use Only: Granted _____ Status _____ Expires _____