

OKLAHOMA ACCOUNTANCY BOARD (OAB)
4545 N Lincoln Boulevard Suite 165
Oklahoma City, OK 73105
EXPERIENCE VERIFICATION FORM
(THIS FORM MAY BE REPRODUCED)

Applicant must complete a form for each separate period of employment or self employment to establish one year experience (1800 hours). Work experience must have been obtained within the four (4) years immediately prior to filing the experience declaration form. Section 15.9D of the Oklahoma Accountancy Act states "An applicant for initial issuance of a certificate or license under this section shall show that the applicant has had one (1) year of experience. Experience shall be defined by the Board by rule and shall include providing a type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills, all of which shall be verified by a certificate or license holder or an individual approved by the Board. Upon completion of the requirements of Section 15.8 of this title, the qualifying applicant may take the certified public accountant or public accountant examination prior to earning the experience required in this subsection, but shall not be issued a certificate until the experience requirement has been met."

DO NOT FILE THIS FORM UNTIL YOU RECEIVE OFFICIAL NOTIFICATION FROM THE BOARD THAT YOU HAVE SUCCESSFULLY PASSED THE EXAMINATION

Applicant's full name: _____ Date: _____
(Print name as it currently appears on OAB records)

Applicant must complete a declaration form for each separate employment or self employment to establish one year of verifiable work experience (1800 hours). Please print legibly to avoid processing delay.

1. Mark appropriate option (choose one): Full-time employment Part-time employment Self-employment
2. List start date, end date using mm/dd/yy format and the total number of hours for which your experience applies: Start Date: _____ End Date: _____ Total hours: _____
3. CPA Certificate or PA License number of the verifier, if applicable, and state of licensure:
Certificate/License #: _____ State of Licensure: _____
6. Verifier's relationship to applicant: _____
7. Verifier's name and title : _____
8. Verifier's business name: _____
9. Verifier's business address: _____
10. Verifier's daytime phone number, including area code: (____) _____
11. I hereby certify that during the period of time shown above I was engaged in employment which required me to perform the following type of accounting activity (chosed one):
 Public Government Industry Academia
12. Summarize your accounting related work experience during this time period:

PLEASE READ, SIGN & DATE

I understand that the Board will verify this information to the extent it deems necessary to establish that I have satisfied the eligibility requirements set forth in Section 15.9D of the Oklahoma Accountancy Act.

Signature of applicant: _____ Date: _____