



Randall A. Ross, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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EXPERIENCE VERIFICATION FORM

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

Pursuant to Section 10:15-3-2(3) of the Oklahoma Administrative Code, "Documentation has been provided that the certification applicant has a total of Eighteen hundred (1,800) hours of part time or full time work experience in accounting as described in Title 59, Section 15.9.E of the Act. Work experience must have been obtained within the four (4) years immediately prior to filing the application for certification. This requirement may be satisfied through work experience in government, industry, academia, or public practice. Acceptable work experience includes accounting, attest, tax, and related services."

Applicant's full name: _____ **Date:** _____

SECTION I - EMPLOYER INFORMATION

1. Employment type: [] Full-time [] Part-time [] Self-employment [] Internship*

**Note: Experience earned through an internship is not eligible if the applicant earned college credit for the internship and those credits were used to meet the educational requirements to sit for the CPA/PA exam.*

2. Employment classification: [] Public [] Government [] Industry [] Academia

3. Business Name: _____

4. Business Address: _____ Phone: _____

5. Start Date: _____ End Date: _____ Total hours**: _____

***Note: Regardless of start date, only report hours worked within the last four years.*

6. Summarize your accounting related work experience during this time period:

QUESTIONS CONTINUE, SIGN AND DATE ON REVERSE SIDE

SECTION II- VERIFIER'S INFORMATION

- 7. CPA or NON-CPA
- 8. Certificate/License #: _____ State of Licensure: _____
- 9. Verifier's name and title : _____
- 10. Relationship to Applicant: _____
- 11. Verifier's business name: _____
- 12. Verifier's business address: _____
- 13. Phone: _____ Email: _____

SECTION III – ATTESTATION

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 15.9E of the Oklahoma Accountancy Act.

Signature of applicant: _____ Date: _____
Daytime Telephone Number: _____ Email: _____

Additional Information about the Experience Verification Process

- ✓ You may submit this form via fax (405)521-3118 or via email to mschosser@oab.ok.gov
- ✓ Applicants must complete a separate form for each period of employment
- ✓ The Board will send correspondence to the listed verifier via email. Please allow 1-2 weeks for processing and response time.
- ✓ Once approved, you will receive an approval notification via email explaining the next steps in the certification process and info regarding the Application for Certification.
- ✓ Please hold on to your AICPA Ethics Comprehensive Course certificate. This document will need to be submitted with the Application for Certification.
- ✓ If you have any questions please feel free to contact the Melissa Schosser at (405) 522-3092.