

Tennessee State Board of Accountancy  
Experience Verification - Addendum to the CPA Initial Application on [www.core.tn.gov](http://www.core.tn.gov)

**Instructions for completing this form:** THIS FORM MUST BE COMPLETED BY A CPA WITH PERSONAL KNOWLEDGE OF THE CPA APPLICANT'S WORK EXPERIENCE. The CPA applicant must have the Tennessee State Board of Accountancy experience requirement completed prior to submitting an application to the Board for certification. This experience verification form is referenced in the CPA Application instructions located at [www.core.tn.gov](http://www.core.tn.gov) and should be uploaded as part of the application process.

**The experience required to be demonstrated for issuance of an initial certificate pursuant to T.C.A. §62-1-106(f) shall meet the following requirements found in Rule 0020-02-.03:**

- Experience may consist of providing any type of services or advice using accounting, attest, management advisory, financial advisory, tax or consulting skills
- Acceptable experience shall include employment in industry, government, academia or public practice
- No fewer than 2000 hours of experience (earned in no less than one year or more than three years). Experience must be earned within the ten (10) years immediately preceding the application for certification

***If citing more than one employer, please use a separate sheet for each.***

Applicant Name \_\_\_\_\_

The Applicant is/was employed by: \_\_\_\_\_

for the time period (do not use "present" or "current"): \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

Was this part-time experience? (circle answer)    YES    NO

The Applicant held the following job titles and/or classifications during the period noted:  
 \_\_\_\_\_

Is this a CPA firm? (circle answer)    YES    NO

Was the Applicant's experience in the field of accounting? (circle answer)    YES    NO

Briefly describe the applicant's duties: \_\_\_\_\_  
 \_\_\_\_\_

Do you have personal knowledge of this employment experience? (circle answer)    YES    NO

With my signature below, I do swear (or affirm) that the information above is correct and that the applicant's experience meets the requirement for the issuance of an initial CPA license and that I have a CPA license in good standing in Tennessee or another state.

PRINT NAME	SIGNATURE	DATE
COMPANY NAME	ADDRESS	CITY, STATE, ZIP
TELEPHONE NUMBER	JOB TITLE	CPA CERTIFICATE #/ISSUING STATE