Tennessee State Board of Accountancy
Experience Verification - Addendum to the CPA Initial Application on 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 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:

- Experience may consist of providing any type of services or advice using accounting, attest, management advisory, financial advisory, tax or consulting skills
- Experience must be earned within the ten years immediately preceding the application for certification
- Acceptable experience shall include employment in industry, government, academia or public practice

If applying with **150 semester hours or more** of education, no fewer than 2000 hours of experience (earned in no less than one year or more than three years)	If applying with **less than 150 semester hours** of education, no fewer than 4000 hours of experience (earned in no less than two years or more than six years)

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

Applicant Name_____

Applicant is/was employed by:_____

For the time period (do not enter "present" or "current"): _____to_____

Is this a CPA firm? ◯YES ◯NO
Was the applicant's experience in the field of accounting? ◯YES ◯NO

Briefly describe the applicant's duties:_____
_____

Do you have personal knowledge of this employment experience? ◯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

_____
PHONE JOB TITLE CPA LICENSE #/ISSUING STATE