ALASKA

VERIFICATION OF SUPERVISED WORK EXPERIENCE

This form is for candidates who are unable to show proof of a degree with an accounting concentration or fifteen (15) semester hours of accounting. This form verifies proof of one-year public accounting experience under the direct supervision of a United States certified public accountant. (See AS 08.04.150(1)(A)(B)(C))

SECTION A: To be completed	by the Applicant				
Name:					
First Name		Middle Name		Last Name	
Maiden Name:		Date of Birth:			
			mm/dd/yyyy		
Address:					
Street Addres	S	City		State	Zip / Postal Code
Telephone Number:		Email:			
I hereby request and authorize the Alaska Board of Public Acc					າ requested in this form to
Applicant Signature		Date		-	
I certify that I supervised		at		Firm/Company Nam	
	Applicant Name		Firm/Company Name		
from	to		The public accou	ınting experience ı	performed by the
applicant included:					
Direct Supervisor's Signature		Date			
Certificate Number		State w	here certified / license	ed .	
Subscribed and sworn to befo	re me this	day of		, 20	
Notary Public:		State of	State of		
My Commission expires					

This form must be uploaded as part of your Education Evaluation Application through your CPA Portal. (If the form is completed with a seal or embossing, it must be visible on the electronic version to be considered official.)

If you are submitting this form AFTER you have already submitted your online application, you can email the form to: etranscript@nasba.org