ALASKA

VERIFICATION OF LICENSURE FOR CPA SUPERVISOR

This form is to be completed only if you are certified/licensed United States CPA in a state other than Alaska.

In order to verify your experience under the direct supervision of a CPA, this form (Section B) must be completed by the licensing authority in the jurisdiction where the supervising CPA holds an active permit to practice. You are advised to check with that Board before forwarding this form to determine if there is a fee or if additional requirements need to be met before the information will be released. After completing Section A, submit this form to the State Board of Accountancy where the supervising CPA holds a permit to practice public accounting.

SECTION A: To be completed by the Applicant

Name:__________________________________________________________________________________________
First    M.I.  Last      Maiden

SECTION B: To be completed by the Board of Accountancy where the above-named supervising CPA is certified and permitted to engage in the practice of public accounting.

I certify that __________________________________________________, license number ________________________ in the state of ______________________________________ held an active permit/license to engage in the practice of public accounting during the entire “Duration of Supervised Experience” as specified above.

Comments:_________________________________________________________________________________________
__________________________________________________________________________________________________
____________________________________________________

Mail to: CPA Examination Services-AK, PO Box 198469, Nashville, TN 37219-2421

SUPERVISING CPA INFORMATION

Direct Supervisor........................................................................................................................................Firm/Company
Certificate Number.................................................................................................................................State Where Certified/Licensed

Duration of Supervised Experience: From:__________________________ To:__________________________

Date      Date

BOARD SEAL

Board

Board Official Signature

Title

Date