

# 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: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby request and authorize \_\_\_\_\_ to provide any and all pertinent information requested in this form to the Alaska Board of Public Accountancy or its agency to complete an application filed with that agency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### SECTION B: To be completed by a United States CPA

By my signature below, I acknowledge that the above-referenced applicant has had one year of public accounting experience under my direct supervision and that I am a United States certified public accountant. (Verification of Licensure for CPA Supervisor form must be completed if supervisor is not licensed in Alaska.)

I certify that I supervised \_\_\_\_\_ at \_\_\_\_\_  
Applicant Name Firm/Company Name

from \_\_\_\_\_ to \_\_\_\_\_. The public accounting experience performed by the applicant included:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Direct Supervisor Signature

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State where Certified/Licensed

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

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