

the application process.

## 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 <a href="https://www.core.tn.gov">www.core.tn.gov</a> and should be uploaded as part of

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	_ to		
M 4hi 4i	VEC	month/day/year		month/day/year		
Was this part-time experience?	YES	NO				
The Applicant held the following job tit	les and/or classification	ons during the period	noted:			
Is this a CPA firm? YE	s NO				•	
Was the Applicant's experience in the f	ield 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 experience meets the requirement for standing in Tennessee or another state	the issuance of an i					
PRINT NAME	SIGNATURE		DATE			
COMPANY NAME	ADDRESS		CITY, ST	CITY, STATE, ZIP		
TELEPHONE NUMBER	JOB TITLE		CPA LICE	ENSE #/ISSUING STATE		

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