TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
FAX (512) 305-7875
(512) 305-7800

333 Guadalupe, Tower 3, Suite 900
Austin, TX 78701-3900
www.tsbpa.state.tx.us

WORK EXPERIENCE FORM

Candidate's Name (Please type or print)

Last _____ First _____ Middle _____ Other _____

Social Security Number _____ Control Number _____

EMPLOYER INFORMATION

Must be completed by employer where work experience was obtained.

Name and Address of Employer _____

_____

_____

_____

Employer's Email Address _____

EMPLOYER CATEGORY (Select One)

- ◯ Client Practice of Public Accountancy
- ◯ Industry
- ◯ Government
- ◯ Law Firm
- ◯ Education
- ◯ Other

TYPE OF SUPERVISION (Select One)

- ◯ The candidate being supervised and the CPA supervisor are both employed by the same company, firm, or organization and office at the same physical location.
- ◯ The candidate being supervised and the CPA supervisor are both employed by the same company, firm, or organization, but office at different physical locations.
- ◯ There is no CPA supervisor employed by the company, firm or organization where the candidate is employed. The company, firm, or organization engages a CPA firm for the sole purpose of supervising, evaluating, and reviewing the candidate for a specified period of time. The CPA firm engaged to provide the supervision is not performing any attest or assurance services for the company, firm, or organization for which independence is required.

Additional information is available on the *Work Experience Form - Instructions*

I certify by affixing my signature and CPA certificate number that all representations indicated above are true.

Print CPA Name _____ CPA Number _____

Signature _____ Date _____

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WORK EXPERIENCE FORM

Candidate's Name (Please type or print)

Last _____ First _____ Middle _____ Other _____

Social Security Number _____ Employer's Name _____

To be completed and signed by the CPA responsible for supervision, evaluation, and review of the candidate's work experience.

POSITIONS HELD BY CANDIDATE

Employment Dates From (mm/dd/yy)	To (mm/dd/yy)	Full or Part-Time	Experience in Years / Months	Position, Title, Rank, Salary Group, or GS Rating (if applicable)	Name of Supervisor	CPA Certificate Number and State
			/			
			/			

WHILE UNDER MY SUPERVISION, THE CANDIDATE DEMONSTRATED HIGH STANDARDS OF PROFESSIONAL COMPETENCE IN THE FOLLOWING AREAS. (Check only those applicable areas.)

☐ 1. Attest services to include audits, compilations, reviews and other assurances and engage in accordance with professional standards.

☐ 2. Professional accounting services or professional accounting work in one or more of these categories

- ☐ (a) Issuing reports on financial statement(s)
- ☐ (b) Providing management or financial advisory or consulting services
- ☐ (c) Preparing tax returns
- ☐ (d) Providing advice in tax matters
- ☐ (e) Providing forensic accounting services
- ☐ (f) Providing internal auditing services

PLEASE CHECK THE APPROPRIATE RESPONSE FOR EACH OF THE QUESTIONS THAT FOLLOW

☐ Yes ☐ No During the time I supervised, evaluated, and reviewed the candidate, the person demonstrated independence on non-routine accounting matters, as defined in Board Rule 511.122, exhibited integrity on professional accounting issues, and continued to learn and stay abreast of important accounting pronouncements.

☐ Yes ☐ No With respect to the candidate's character, integrity, and objectivity, I recommend this person for the CPA certificate.

☐ Yes ☐ No I have examined the statements and supporting documents and hereby certify that they are true and correct to the best of my knowledge. (Job description).

☐ Yes ☐ No I was licensed during the time I supervised the work of the candidate. (A copy of your license/permit is required if certified outside the state of Texas.

☐ Yes ☐ No I am currently licensed as a certified public accountant. (A copy of your license/permit is required if certified outside the state of Texas.)

☐ Yes ☐ No I am experienced in the non-routine accounting area assigned to the candidate and have attached a description as to the type and amount of my experience. (Statement of CPA experience)

I certify by affixing my signature and CPA certificate number that all representations indicated above are true.

Print CPA Name _____ CPA Number _____ Phone Number _____

Signature _____ Date _____

FOR BOARD USE ONLY

Firm in good standing Yes ☐ No ☐

Qualifying ☐ Non-Qualifying ☐

CPA Supervisor in good standing Yes ☐ No ☐

Signature _____ Date _____

Print Form