

Oregon Board of Accountancy
3218 Pringle Rd SE #110
Salem OR 97302-6307
503.378.4181
503.378.3575 – FAX
<http://oregon.gov/BOA/>

CERTIFICATE OF EXPERIENCE FOR CPA EXAM

Candidates Name: _____

Employer's Name: _____

Address: _____

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TO BE COMPLETED BY THE EMPLOYER

Please complete this form within 21 days verifying the above named applicant's experience under your employ.

EXPERIENCE RECORD

Period of Employment	Time in Months	
Full Time	(carry decimal 2 places & round down)	
From _____ to _____		_____ Full Time
		_____ Part Time
Part Time*		_____ Total
From _____ to _____ (173 hours = 1 month)		

*Qualifying part time employment must be at least 20 hours per week. Please provide time records for part time employment.

CERTIFICATION

The practice of public accounting is defined as "performance of or any offering to perform one or more services for a client or potential client, by a licensee; while holding out as a CPA or PA, of the professional services of accounting, tax, personal financial planning, litigation support services, and those professional services or which standards are promulgate, such as Statements of Financial Accounting Standards, Statements on Auditing Standards, Statements on Standards for Accounting and Review Services, Statements on Standards for Consulting Services, Statements of Governmental Accounting Standards, and statements on Standards for Attestation Engagements, including the performance of such services while in the employ of another person.

I certify that the above named applicant has obtained satisfactory experience as described above and that the experience was under the direct supervision of a US public accountant or a US certified public accountant or a Chartered Accountant. If supervised by a Chartered Accountant, copy of the certificate MUST accompany this form.

Name of Licensee _____ Position _____

License Number _____ Fax Number _____

Telephone Number _____ Date Permit Expires _____

State Issued In _____ Email Address _____

Signature of Licensee _____