



## One Year of Experience – Verification Form

Prior to applying for a Virginia individual CPA license, you must have been employed in academia, a firm, government or industry in any capacity involving the substantial use of accounting, financial, tax or other skills that are relevant, as determined by the Virginia Board of Accountancy. Whether other skills are relevant shall be determined by the VBOA on a case-by-case basis. Self-employment does not meet the definition of experience. Before applying through [pathways 1 or 2](#), you must complete at least 2,000 work hours (the equivalent of one year of full-time employment).

### How to fill out and submit this form:

- The applicant for licensure should complete **page 1**.
- An actively licensed U.S. CPA from any jurisdiction who is comfortable verifying the applicant's work experience will need to complete **page 2**.
- Attach additional forms verifying more hours as needed.
- **The actively licensed U.S. CPA must submit this form.** To submit the form: email it to [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov), fax it to (804) 527-4409 or mail it to the VBOA at 9960 Mayland Drive, Suite 402, Henrico, VA 23233. (The VBOA is not responsible for sensitive information sent electronically.)

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### Certification of applicant (to be completed by applicant)

Name: \_\_\_\_\_

Jurisdiction ID (Virginia candidates): \_\_\_\_\_

I passed the CPA exam through another jurisdiction and do not have a jurisdiction ID.

Total number of hours I have worked at the organization(s) as certified by an actively licensed U.S. CPA (from any jurisdiction): \_\_\_\_\_

I certify that the information provided by an actively licensed U.S. CPA is accurate and true. My work experience is in compliance with VBOA regulation [18VAC5-22-100](#).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Experience verification** (to be completed by CPA)

**Verifying CPA's contact information**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

License number: \_\_\_\_\_ State of licensure: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Details of applicant's work experience**

Organization and job title: \_\_\_\_\_

Total hours worked: \_\_\_\_\_

Field(s) of work experience (choose at least one):

- Academia       Government       Public Accounting  
 Industry       Other: \_\_\_\_\_

Skill(s) utilized (choose at least one):

- Accounting       Audit       Tax services       Financial       Other: \_\_\_\_\_

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**Certification of CPA**

I certify that the information I have provided is accurate and true. The applicant's work experience is in compliance with VBOA regulation [18VAC5-22-100](#).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_