

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 BOARD OF ACCOUNTANCY
 P.O. Box 30018, Lansing, MI 48909
 (517) 241-8205
 www.michigan.gov/accountancy

VERIFICATION OF QUALIFYING EXPERIENCE PUBLIC ACCOUNTING

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in disciplinary action taken against you.

The applicant named below is being considered for a CPA certificate. The information will be used to provide administrative services to the applicant. **Please return the form directly to the Board office.**

CPA Firm Name and Address:	Applicant's Name:
	Last four digits of Applicant's Social Security Number:

Exact dates applicant was in your employ:

From: _____ To: _____

Total Number of Hours Applicant Worked: _____

An applicant is required to have one year of qualifying experience, not less than 2,000 hours, within a period of not less than one (1) calendar year nor more than five (5) calendar years.

**Has the applicant had experience in the following areas:
 (Explain "No" answers on the reverse side)**

1. In applying a variety of auditing procedures and techniques to the usual and customary financial transactions recorded in accounting records.
 Yes No
2. In the preparation of working papers covering the examination of the accounts usually found in accounting records for audit, review and compilation.
 Yes No
3. Participation in the planning of the program of work including the selection of the procedures to be followed for audit, review and compilation.
 Yes No
4. Participation in the preparation of reports, including written explanations and comments on the findings of the examinations and content of the accounting records.
 Yes No
5. Participation in the preparation and analysis of financial statements together with explanations and notes.
 Yes No
6. Was the Applicant's work supervised by a licensed CPA?
 Yes No
7. Has the Applicant performed one financial audit?
 Yes No
8. To the best of your knowledge, is the applicant of good character and able to serve in the highly confidential capacity of a CPA? (Explain "No" answer on the reverse side)
 Yes No

I certify this information to be true and correct.

Signature (Partner/Member/Shareholder/Individual Practitioner):	Certificate Number:	Date:
Type/Print Name:		Daytime Telephone Number: