VERIFICATION OF WORK EXPERIENCE BY A

LICENSED CERTIFIED PUBLIC ACCOUNTANT (To be completed by the Certified Public Accountant providing supervision to applicant)

Name of Firm/Company:	Licens	e # and State/Jurisdiction (if	f applicable):
· ·			
Business Address:			
Dates of Supervision by the Undersigned:	Employment was: □ Full Time		
From to	□ Part Time (173 hours = 1 month) Number of Part-Time Hours:		
Give a detailed description of the employee's duties while under your employment. Maine Law requires that the applicant's experience must be earned in the employment of a licensed public accounting firm, Maine Law requires that the applicant's experience must include the use of accounting or auditing skills, including the issuance of reports on financial statements, and at least one of the following: the provision of management advisory, financial advisory or consulting services; the preparation of tax returns; the furnishing of advice on tax matters; or equivalent activities defined by the Board.			
Description of Employee's Duties:			
Signature of Certified Public Accountant:	State Licensed:	License #:	Date:
Printed Name	Pg. 3 of 3 — CPA License App	Pg. 3 of 3 — CPA License Application — 06/2020 ver.	