

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF ACCOUNTANCY

Instructions to Complete the Verification of Work Experience Form

- This form is to be completed by the individual who supervised your work and must meet the two (2) years of work experience as follows:
- * Mandatory: Experience must be earned under the supervision of a licensed CPA from a state or territory of the United States; and
 - * Mandatory: Experience must be earned while employed at a firm licensed from a state or territory of the United States.
 - * Note: Experience as described above is mandatory. The Board can consider experience as a revenue agent for the Bureau of Revenue Services or an examiner with the Bureau of Insurance may be granted credit in meeting the experience requirements pursuant to 32 M.R.S. § 12228(10) and Board Rules Chapter 5, Section 4.
- The verifying CPA must have been active during the entire period of employment being attested on this form. Experience gained under an inactive/expired CPA should not be listed on this form.
- The experience must include two (2) years in accounting or auditing skills, including the issuance of reports and at least one of the following to 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.
- For purposes of computing experience for part-time employees, 2,080 hours of work experience constitutes one (1) year of experience and 173 hours of part-time employment constitutes one (1) month of experience.
- Forward this form to the supervising CPA for completion. If more than one supervisor, then please have each CPA supervisor complete a separate form.
- Upon receipt, upload this form into your online application.

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www.maine.gov/pfr/professionallicensing/professions/accountancy

Maine Board of Accountancy
Verification of Work Experience Form

Applicant Name: _____

Dates of Employment: From: _____ To: _____

Candidate Worked: Full Time Part Time

Name of CPA Supervisor: _____

State(s) CPA Supervisor is Licensed: _____

License Number(s): _____

Expiration Date(s): _____

Name of Firm/Company: _____

Business Address: _____

State(s) Firm is Licensed: _____

License Number(s): _____

Expiration Date(s): _____

Please select either Yes or No next to each applicable experience	
Auditing skills, including issuance of reports on financial statements	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accounting skills	Yes <input type="checkbox"/> No <input type="checkbox"/>
At least <u>one</u> of the following must be included:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Management Advisory, Financial Advisory or Consulting Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preparation of Tax Returns	Yes <input type="checkbox"/> No <input type="checkbox"/>
Furnishing Advice on Tax Matters	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equivalent Activities defined by the Board *(If yes, please submit a detailed list of supervised activities)	Yes <input type="checkbox"/> No <input type="checkbox"/>

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of Maine as a Certified Public Accountant.

Printed Name: _____

Signature: _____

Date of Signature: _____

