CERTIFIED PUBLIC ACCOUNTANT VERIFICATION OF EXPERIENCE

State Form 53888 (R / 8-13)

INDIANA BOARD OF ACCOUNTANCY
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3022
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SECTION I - APPLICANT INFORMATION

The applicant should complete this section, then submit this page to his/her verifying licensee for further completion.

Name of applicant (*last, first, middle, maiden or previous*)	
Name of employer	
Address of employer (*number and street, city, state, and ZIP code*)	
Telephone number of employer ( )	E-mail address of employer
Position of applicant	Dates employed *(month, day, year)* From To

SECTION II - APPLICANT EMPLOYMENT INFORMATION

The verifying licensee should complete this section. Upon completion, please have this page notarized and submit the page directly to the Professional Licensing Agency at the above address. ***If you hold an out of state certificate, please attach a copy of your certificate of registration.***

Name of verifying licensee		E-mail address of verifying licensee	
License number of verifying licensee	State of licensure		
The above named applicant ☐ is ☐ was employed with the above company:	Full time dates *(month, day, year)* From To	Part time dates *(month, day, year)* From To	If part time, annual hours worked

Quality of work ☐ Excellent ☐ Very good ☐ Average ☐ Fair ☐ Below average ☐ Poor

Pursuant to 872 IAC 1-1-8.3 of the Indiana accountancy rules, as the verifier of this applicant's experience you must have direct knowledge of the work performed by the applicant. Please briefly summarize the duties and responsibilities of the above named individual while employed with the company listed above.

FOR OFFICE USE ONLY

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____
COUNTY OF _____ } SS:

SEAL

I, _____, being duly sworn on oath, say that I am the above named verifying licensee, that I have personally completed Section II of this form, and that the same is true to the best of my knowledge and belief.

Signature of verifying licensee	Printed name of verifying licensee		Date subscribed and sworn (*month, day, year*)
Signature of notary public	Printed name of notary public	County of residence	Date commission expires (*month, day, year*)