

## WORK EXPERIENCE VERIFICATION FORM

### EXPERIENCE REQUIREMENT

An applicant for initial issuance of a Certified Public Accountant certificate shall show at least one year of experience. This experience shall include:

- Providing service or advice involving the use of accounting
- Attest
- Management advisory
- Financial advisory
- Tax or consulting skills;

as verified by a Certified Public Accountant who meets requirements prescribed by the Board. The experience is acceptable if it was gained through employment in government, industry, academia, or public practice. [1999 Public Accountancy Act, Section 8(H)]

Applicants shall have their experience verified by an active, licensed CPA as defined in the Act. The verifying CPA can be licensed in New Mexico or from another state. Experience must be obtained within seven years of successfully passing the exam. One year of experience shall consist of:

- Full or part-time employment that extends over a period of no less than one year and no more than three years.
- Includes no fewer than 2000 hours of performance of services described above.  
[Board Rule: 16.60.3.9 NMAC]

### INSTRUCTIONS FOR COMPLETING THIS FORM

**Applicants:** Complete Section I and forward it to your verifying CPA. If you had multiple CPAs that can verify your experience, the most recent CPAs should complete the form. The CPA should return it to you in a sealed envelope or send it directly to the board by email to [accountancy.board@state.nm.us](mailto:accountancy.board@state.nm.us). If experience was obtained from more than one entity, complete a Work Experience Verification Form for each entity.

**Verifying CPAs:** Please complete Section II form and return it to the applicant **in a sealed envelope with your signature on the back OR by email to [accountancy.board@state.nm.us](mailto:accountancy.board@state.nm.us)**. If applicable, an explanation of any exceptions to the candidate's quality of experience, integrity, or fitness for service in the professional capacity of a CPA should be included with this verification using a separate sheet of paper.

Please reach out to the board at [Accountancy.board@state.nm.us](mailto:Accountancy.board@state.nm.us) with questions.



**SECTION I**

COMPLETED BY THE APPLICANT  
CANDIDATE INFORMATION

Last Name                                      First Name                                      MI                                      Other Name(s) Used

Date of Birth (MM/DD/YYYY)                                      Cell Telephone Number

**EMPLOYER INFORMATION**

Employer Name

Street or P.O. Box                                      City                                      State                                      Zip Code

Dates of Employment:  
From:                                      To:

Position Held

Position was (check one)                      Part time                      Full time

**EMPLOYER CATEGORY (select one)**

- |                                       |                 |
|---------------------------------------|-----------------|
| Client practice of public accountancy | Government      |
| Commercial enterprise/industry        | Law firm        |
| Education                             | Other (specify) |

I, **NAME**, swear or affirm under the penalty of perjury that all information

contained herein is true, correct, and complete to the best of my knowledge, information, and belief. I understand that any material misrepresentation or material omission of fact in this document is grounds for denial, suspension, or revocation of the CPA license that I am seeking.

Signature

Date





## **SECTION II**

### **To be Completed by the Verifying CPA**

Position Held by Candidate \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Length of Experience (years/months/days) \_\_\_\_\_

Experience was (check one)      Part time                      Full time

I verify that this candidate demonstrated high standards of professional competence in the following areas (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting  | <input type="checkbox"/> Management advisory        |
| <input type="checkbox"/> Attest  | <input type="checkbox"/> Financial advisory         |
| <input type="checkbox"/> Consultation on tax matters   | <input type="checkbox"/> Consulting                 |
| <input type="checkbox"/> Preparation of financial statements and reports   | <input type="checkbox"/> Preparation of tax returns |
| <input type="checkbox"/> Consultation, design and/or implementation of computer software involving accounting and auditing | <input type="checkbox"/> Other (describe) _____     |

**Please check the appropriate answer for each of the following questions:**

- YES    NO
- During this time I observed the candidate, and I believe the candidate's independence on non-routine accounting matters, ethical on professional issues, and ability to learn and stay abreast of important accounting pronouncements was demonstrated.
- With respect to the integrity of the candidate, I recommend this person for licensure as a Certified Public Accountant.
- During the time that I observed the applicant, I was actively licensed for a minimum of one year.

Name of Verifying CPA \_\_\_\_\_ Position or Title of verifying CPA \_\_\_\_\_

Verifying CPA- Certificate Number and State of Issuance \_\_\_\_\_

Employer Name \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Signature of CPA \_\_\_\_\_ Date \_\_\_\_\_