Reset Form

# CERTIFIED PUBLIC ACCOUNTANT VERIFICATION OF EXPERIENCE

State Form 53888 (R2 / 12-14)


**INDIANA BOARD OF ACCOUNTANCY**
**PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
Telephone: (317) 234-8800
Fax: (317) 233-4236
E-mail: pla14@pla.IN.gov
www.pla.in.gov


## 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*) |