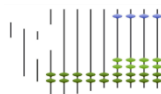


Experience Affidavit



APPLICANT CONTACT INFORMATION

Complete Name: _____

Email: _____

WORK EXPERIENCE

List the organization(s) where you obtained your work experience. If you need to list additional experience, complete and submit [page 1B](#) with your experience affidavit.

Organization 1

Organization: _____

Start Date (mm/dd/yyyy): _____

Address: _____

End Date (mm/dd/yyyy): _____

Total hours worked: _____

Total months worked: _____

Organization 2

Organization: _____

Start Date: _____

Address: _____

End Date: _____

Total hours worked: _____

Total months worked: _____

Total Experience Earned

Total number of hours worked in all organizations: _____

Total number of months worked in all organizations: _____

TYPE OF EXPERIENCE

Employment experience must occur in a work environment that provides the opportunity to utilize skills generally used in business, accounting, and auditing. Check all that apply:

Accounting for transactions

Controllership functions

Budgeting

Financial analysis

Data analysis

Performance auditing

Internal auditing

Other: _____

Preparation of reports to taxing authorities

COMPETENCIES

Your work experience must have provided you the opportunity to obtain the following competencies. All competencies must be fulfilled to meet the [experience requirements](#).

- Assess the achievement of an entity's objectives.
- Develop documentation and sufficient data to support analysis and conclusions.
- Understand transaction streams and information systems.
- Assess risk and design appropriate procedures.
- Make decisions, solve problems, and think critically in the context of analysis.
- Communicate scope of work, findings, and conclusions effectively.

I certify that I have met all six required competencies.

VERIFYING CPA INFORMATION

A verifying CPA must have held a valid CPA license to practice public accounting in the state of Washington or be qualified for practice privileges as defined in [RCW 18.04.350\(2\)](#) for a minimum of five years prior to verifying the candidate's experience, including the date that the applicant's experience is verified. The five years do not need to be consecutive.

First Name: _____

Last Name: _____

Licensing Jurisdiction: _____

License Number: _____

Email: _____

Phone: _____

CERTIFICATION

Both signatures must be handwritten. Typed or electronic signatures are not accepted. The applicant must sign and date the experience affidavit before the verifying CPA signs and dates the document.

If the information on your experience affidavit is incomplete or incorrect, you will be required to submit a new experience affidavit with new signatures.

I certify that the work experience listed complies with the requirements of [WAC 4-30-070](#) and the information contained in this experience affidavit is true and correct.

Applicant Signature: _____

Date Signed: _____

Verifying CPA Signature: _____

Date Signed: _____

The Board advises you to keep copies of all documentation submitted for your records.

The Washington State Board of Accountancy is required to comply with the Public Records Act, [Chapter 42.56 RCW](#). The information you submit to the Board may be subject to disclosure as a public record.