



South Carolina Board of Accountancy

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llr.sc.gov/acct

VERIFICATION OF EXPERIENCE

ALL FIELDS MUST BE COMPLETED. Enter “N/A” where information is not applicable. One year of experience is required. You must have completed the required education hours before your experience will qualify. You will need to complete a separate form for each employer if you have more than one. To report teaching experience, complete Form 2102T.

APPLICANT INFORMATION

First: _____ Middle: _____ Last Name: _____ Suffix: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

EMPLOYER INFORMATION

Firm Name: _____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Address where the records and work papers supporting your work experience are located:

Street Address: _____ City: _____ State: _____ Zip: _____

What was your job title/position: _____

Is employer a(n): Public Accounting Firm Government Entity Other: _____
(Fill in type. Ex: manufacturing)

VERIFYING CPA INFORMATION

Name: _____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Job Title /Position: _____

State of Licensure (If outside of SC - submit Form 2102A in addition to this form): _____

Certificate Number: _____ Date Issued: _____

Were you (the applicant) and supervisor employed by the same company? Yes No

QUANTITY OF EXPERIENCE

Enter actual dates; do not use terms like “current” or “present”.

Full-Time

Enter inclusive dates: From _____ To: _____

Enter cumulative time frame (Ex: Years: 4 Months: 6 Days: 15): Years: _____ Months: _____ Days: _____

Part-Time

Attach a detailed schedule for each week that shows total hours worked, signed by the verifying CPA.

Enter inclusive dates: From _____ To: _____

Number of hours worked (may not exceed 2,000 hours for a year or 40 hours per week): _____

SPECIAL INSTRUCTIONS TO THE CERTIFIED PUBLIC ACCOUNTANT SIGNING THIS FORM
Describe in the box below the accounting experience which, in your opinion, was of a type and quality to demonstrate competence by the applicant for holding out to the public as a Certified Public Accountant and to practice as such. Please provide adequate details to allow the experience to be evaluated.

Certified Public Accountants signing this form as the verifying CPA are reminded of the definitions of “direct,” “experience,” and “supervision” under section 40-2-20. The verifying CPA is held responsible for determining that the experience meets the requirements of section 40-2-35(G)(1).

- (11) ‘Direct’ means the person supervised in the usual line of authority or is in a staff position reporting to the supervisor.
- (13) ‘Experience’ means providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills whether gained through employment in government, industry, academia, or public practice.
- (34) ‘Supervision’ means having jurisdiction, oversight, or authority over the practice of accounting and over the people who practice accounting.

TYPE OF EXPERIENCE (Check all that apply)

- Accounting Attest Compilation Management Advisory Financial Advisory
- Tax Consulting Other

DESCRIPTION OF WORK EXPERIENCE OBTAINED

CERTIFICATION BY VERIFYING CPA

I verify that from _____ to _____ (Choose one or more of the following):

- I supervised the applicant in the usual line of authority.
- The applicant held a staff position where he or she reported to me.

If you cannot check one of the above options, you will need to attach a letter explaining how you have direct knowledge of the applicant’s qualifying experience.

- I have direct knowledge the applicant named herein obtained the experience described in this report. Such work experience was of a type and quality to demonstrate competence by the applicant for holding out to the public as a Certified Public Accountant and to practice as such.

I verify the applicant attained:

Full Time (Enter cumulative time frame, ex: Years: 4 Months: 6 Days: 15):

Years: _____ Months: _____ Days: _____

Part Time (Hours may not exceed 2,000 hours for a year or 40 hours per week.):

Number of hours worked: _____

of accounting experience in the form of providing services or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills.

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations contained herein.

Verifying CPA Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20____ .

Notary Signature: _____

Print Name: _____

(Notary Seal)

Notary for the State of: _____

My Commission expires: _____

The board may require other information as it considers reasonably necessary to determine the acceptability of experience.