

North Dakota State Board of Accountancy

2701 S Columbia Road
 Grand Forks ND 58201-6029
 Phone: 800 532-5904 (local: 775-7100)
 Fax: 701 775-7430
 www.nd.gov/ndsba ndsba@nd.gov

Certificate of Experience**Applicants:**

Complete sections A and B, then forward this form for completion by your supervisor / verifier. If your experience involves more than one employer, copy this form and submit one form for each entity.

Verifiers / supervisors:

Verify the information in section B, complete section C and return this form by mail directly to the Board, at the above address.

Section A - Applicant information

First name	Middle name	Last name	Social Security Number	
Address	City	State	Zip	Phone number

Section B - Employment information

Employer name		Position held		
Address	City	State	Zip	Phone number
Name of supervisor				
Firm name (if different from above)				
Address	City	State	Zip	Phone number

Describe the work you performed in this position:

Check the type of employer: public accounting industry government academia other _____

Dates of employment: Full time, from _____ to _____ and / or Part time, from _____ to _____

List the total number of hours you worked for this employer. _____

List the number of hours of experience you gained with this employer, in providing services or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills _____

List the total number of work hours you spent involved in all other activities, such as classroom training, administrative work, etc. _____

Signature:

I certify that all of the above information is accurate and complete.

I authorize the Board to obtain verification from the supervisor / verifier listed above.

Signature	Date	<i>Send this form to your supervisor / verifier.</i>
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Section C – signature of supervisor / verifier:

I have examined the information listed in Section B above, and I believe it to be true and complete as stated.

Signature	Name	Date	Relationship to the applicant
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Mail this form to NDSBA, 2701 S Columbia Rd., Grand Forks ND 58201-6029

(Rule 3-02-04-01)

Qualifying Experience. The experience required for initial certification after December 31, 2000, must consist of at least two thousand hours gained with four or fewer calendar years, and must be verified to the satisfaction of the board. The majority of the experience must consist of providing some service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. Candidates may complete the required examinations before completing any of the experience required for initial certification.

(Law)

After December 31, 2000, an applicant for initial issuance of a certificate under this section shall show that the applicant has had one year of experience. This experience must include providing any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. This experience must be verified and must meet any other requirements prescribed by the board by rule. This experience is acceptable if it was gained through employment in government, industry, academia, or public accounting. This experience requirement does not apply to those who received a certificate from this state prior to January 1, 2000.