Instructions for Completing Verification of Experience by Supervisor Form 4B

NOTE: Send these instructions to each supervisor with a Form 4B.

What is acceptable experience? An applicant must present evidence, satisfactory to the State Board for Public Accountancy, of full-time experience providing accounting services or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills under the supervision of a certified public accountant licensed in one of the U.S. jurisdictions or a public accountant licensed in New York State. The CPA, who completes Form 4B, must have acted in a supervisory capacity to the applicant in the employing organization. Acceptable experience may be earned in a public accounting firm, government, private industry or an educational institution.

Full and part time experience. Full-time employment is considered to be a 5-day work week with 35-40 hours per week, excluding overtime. Acceptable part-time (no less than 20 hours per week) experience will be considered on the basis of one week of experience for every two weeks worked. Part-time experience requires supporting documentation that indicates the number of hours worked for each week during the duration. Supporting documentation may include time cards, billing reports, excel spreadsheets, etc. An average of part time work will not be accepted.

How much experience must be certified on Form(s) 4B?

• Applicants for an initial license who meet New York State’s 150 semester hour education requirements - must document at least 1 year of acceptable full-time experience (or the part-time equivalent as described above).

• Applicants for an initial license who are grandfathered under New York State’s 120 semester hour education requirements - must document at least 2 years of acceptable full-time experience (or the part-time equivalent as described above) unless the applicant submits acceptable transcripts and is approved as meeting the 150 semester hour education requirements, thereby qualifying for a 1 year reduction in the experience requirement.

• Applicants for licensure by endorsement of a CPA license issued in another state or an acceptable foreign credential - must document 4 years of full time experience (or the part-time equivalent as described above) since the out of state license was issued and within the last 10 years. Applicants who hold a license issued by another state or foreign jurisdiction that can not document 4 years of acceptable experience are not eligible for licensure by endorsement and will be processed as an initial applicant for licensure.

• Applicants for an initial license based on 15 years of experience in lieu of meeting the education requirements - must document at least 15 years of acceptable full time experience (or the part-time equivalent as described above).

Instructions for Completing Item 6, A-K

All Applicants

Indicate the approximate percentage of the applicant’s time devoted to each category. The overall objective of assignments should generally determine the category.

A. Independent Audit: Includes experience where the applicant was involved:

1. in examining financial statements of clients where the application of generally accepted auditing standards has been employed for the purpose of expressing an opinion that the financial statements are presented in accordance with generally accepted accounting principles; or

2. in examining financial statements of clients when certain auditing procedures have been applied but a disclaimer is expressed, including Statements on Auditing Standards (SASs), Statements on Standards for Attestation Engagements (SSAEs), and Statements on Quality Control Standards (SQCSs).

The preparation of a client’s related income tax returns and management letters by the applicant who participated in the examination of the financial statements may also be included in this category. Involvement in the examination of the financial statement is mandatory for including these tax preparation and management letter activities in the audit category.

B. Compilations and Reviews: The independent preparation of financial statements from the books of account without audit, including compilations as defined by Statements on Standards for Accounting and Review Services (SSARS), and performing related services in which the applicant has demonstrated a knowledge of generally accepted accounting principles.

C. Internal, Management, or Government Audit: Includes all audit activities that are not conducted independently or to determine that financial statements are presented in accordance with generally accepted accounting principles, such as:
1. objective analysis of internal controls and evaluation of risk related to an organization's governance, operations and information systems;
2. structured review of the efficiency/effectiveness of an organization's systems and procedures;
3. review of corporate or individual tax returns on behalf of a governmental entity;
4. any audit activities conducted by an employee of a governmental entity.

**D. Forensic Accounting:** The application of accounting skills at a level to determine issues such as: fraud; criminal investigations; estimates of losses, damages and assets related to potential legal cases.

**E. Bookkeeping Services and Internal Financial Statement Preparation:** Preparing books of original entry, preparing payrolls, checks, and posting to subsidiary ledgers. Posting to the client's general ledger in connection with preparing financial statements should be classified as bookkeeping services.

**F. Tax Preparation or Tax Advice:**
1. Preparing corporation, fiduciary, partnership and individual tax returns from information compiled by others, or from unaudited data furnished by clients.
2. Preparing payroll tax reports, sales and similar tax returns.
3. Researching tax law; tax planning for clients; preparing protests, Tax Court petitions, and briefs; and representing clients before taxing authorities.
4. Examining tax returns.
5. Providing information and advice on tax issues to clients or an employer.
6. Estate planning for clients.

**G. Management Advisory Services:**
1. Designing and installing accounting, cost or other systems for a client or employer, when not related to an extension of auditing assignments.
2. Any other management advisory services provided for a client or employer.

**H. Financial Advisory Services:**
Includes a range of financial analysis and advice for either a client or employer including:
1. Financial management activities;
2. Pension management;
4. Personal Financial Planning

**I. Consulting (Includes a range of consulting services surrounding technological and industry experience.):**
2. Mergers and acquisitions.
3. Client training on accounting systems.

**J. Teaching College Accounting:** Preparation and delivery of accounting courses for academic credit at a regionally accredited 4 year degree granting college or university. Teaching by a full-time faculty member is considered to be full-time during the semester of course delivery. Adjunct faculty must deliver 9 or more credits of course work per semester to be considered "full-time." Teaching assignments must be certified by an accounting department chair or Dean who is licensed as a CPA.

**K. Other:** Any other services for a client or employer that do not fit in the categories above.

**Instructions for Self-Verification of Experience**

Only for Applicants Who Hold a CPA License Issued by Another State

An applicant for licensure in New York, who is licensed in another state, may certify his/her own experience on Form 4B if:

1. he/she is working in private industry, government, or a not for profit and he/she does not have a US licensed CPA supervisor; or
2. he/she is working as a sole proprietor of a CPA firm in a state other than New York.

To self-verify experience on Form 4B the applicant must do all of the following:

- provide his/her personal information in Section I: Applicant Information;
- provide his/her professional credentialing information in Section II, Item 1;
- detail his/her experience in Section 2, Items 2 - 7; and
- sign the affidavit at the end of the form in front of a notary public.
Verification of Experience by Supervisor

Applicant Instructions: Complete Section I before sending the form along with a copy of Form 4BInst to your supervisor. Use a separate Form 4B for each supervisor you listed on Form 4 or 4E. Ask your supervisor to complete Section II. The supervisor must send the form directly to the address at the end of this form. This form will not be accepted if returned by the applicant.

Section I: Applicant Information

Print Name As It Appears On Your Application for Licensure (Form 1)

Social Security Number: __________________________

(Leave this blank if you do not have a U.S. Social Security Number)

Last Name: __________________________

First Name: __________________________

Middle Name: __________________________

Birth Date: Month ______ Day ______ Year ______

Section II: Verification of Experience

Instructions to supervisor: Read the accompanying instructions before completing this section. The information you provide in this section will be used by the New York State Board for Public Accountancy to determine whether the applicant has satisfied the experience requirement of Section 70.3 of the Commissioner's Regulations. Sign and date the affirmation before a Notary Public and submit the entire form along with any required documentation to the Office of the Professions at the address at the end of this form. Your signature on this form must be notarized and witnessed by a Notary Public.

1. I am (check one) □ a certified public accountant, or □ a New York State public accountant.

   Name __________________________

   Firm or organization __________________________

   Position or title __________________________

   License Number __________________________

   State in which licensed __________________________

   (Attach a copy of license if other than NY)

   Date Licensed __________________________

2. Applicant’s place of experience to which I am attesting and acted in a supervisory capacity:

   Employer Name: __________________________

   City: __________________________

   State: __________________________

   (If the employers or locations in items 1 and 2 are different, please provide supplemental information in item 4.)

   Dates From: _______ / _______ / _______ to: _______ / _______ / _______

   □ Present

   mo. day yr. to: mo. day yr.

   Employer Category: □ Public Accounting Firm □ Government □ Private Industry □ Not-for-Profit □ Law Firm

   □ Education □ Other (Please describe): __________________________

3. This employment was: □ full-time □ part-time (If part time, supporting documentation is required. See instructions for acceptable supporting documentation.)

4. Supplemental Information (if necessary):

   __________________________________________________________________________

   __________________________________________________________________________

5. Applicant's job classification while in our employment (attach additional sheets if necessary):

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<thead>
<tr>
<th>Job Classification/Title</th>
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Certified Public Accountant Form 4B, Page 1 of 2, Rev. 1/15
6. I am attesting that the applicant named in Section I practiced public accountancy. I have read the instructions for completing this section. The applicant's experience is best described as follows:

<table>
<thead>
<tr>
<th>Percentage of Time</th>
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<tbody>
<tr>
<td>A.* Independent Audit .................................................................</td>
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<td>B.* Compilations and Reviews ..........................................................</td>
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<td>J. Teaching College Accounting ..........................................................</td>
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<td>K. Other (describe on line below in detail or attach additional sheets) ........</td>
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<td>Total: __________________________</td>
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</table>

*A and B - restricted to registered public accounting firms only.

7. Does the applicant, in your opinion, possess good moral character and have other attributes required of a CPA?  ☐ Yes  ☐ No
(If No, attach an explanation.)

Affirmation (Notarization required.)

I declare and affirm that the statements made in the foregoing verification, including any attachments, are true, complete and correct and that the experience I am attesting to meets the definition of a certified public accountant.

☐ Check here if you are attaching additional information.

Signature: ___________________________ Date: _______ / _______ / _______

Print Name: ___________________________

Title: ___________________________

Telephone: __________________ Fax: __________________

E-mail: ___________________________

Notary

State of ___________________________ County of ___________________________

On the ______ day of ___________________________ in the year __________________ before me, the undersigned, personally appeared ___________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature ____________________________________________

Notary ID number ___________________________

Expiration date _______ / _______ / _______

Certified Public Accountant Form 4B, Page 2 of 2, Rev. 1/15