PART C: EXPERIENCE VERIFICATION COVER LETTER

STATE OF RHODE ISLAND BOARD OF ACCOUNTANCY 560 Jefferson Blvd, 1st Floor Warwick, Rhode Island 02886

Dear Supervising CPA:

An applicant for a CPA license in Rhode Island has requested that you verify his/her experience. Please complete the enclosed form and return it <u>directly</u> to the Rhode Island Board of Accountancy, at the above address.

The supervising CPA must attest that to the best of his/her knowledge, the applicant's experience under that supervising CPA satisfied the requirements of R.I. Gen. Laws § 5-3.1-5(a)(5) and the Rhode Island Board of Accountancy's implementing regulations concerning the experience requirement. Links to those requirements may be accessed at https://dbr.ri.gov/divisions/accountancy/ and questions may be directed to 401-462- 9550 and jovonna.bennett@dbr.ri.gov.

Please note that the Board's regulations provide that the Board may request verification of the applicant's experience from the supervising CPA.

Thank you for your anticipated cooperation.

Regards,

RHODE ISLAND BOARD OF ACCOUNTANCY

PART D: EXPERIENCE VERIFICATION FORM

STATE OF RHODE ISLAND BOARD OF ACCOUNTANCY

560 Jefferson Blvd. 1st Floor Warwick, Rhode Island 02886

APPLICANT SECTION

NAME:	
RESIDENCE ADDRESS:	
	Tel. No
	E-mail
CURRENT EMPLOYER & ADDRESS:	
	Tel. No
ATTESTATION (OF APPLICANT
I attest that to the best of my knowledge, my experience satisfied the requirement Rhode Island Board of Accountancy's implement requirement.	s of R.I. Gen. Laws § 5-3.1-5(a)(5) and the
SIGNATURE	DATE
PRINT NAME	_

EMPLOYER/SUPERVISOR SECTION

NAME	OF PRACTICE UNIT OR LICENSEHOLDER:
LICEN	SE NUMBER:EXPIRATION DATE OF LICENSE:
BUSIN	ESS ADDRESS:
Tel. No)
INCLU	SIVE DATES OF APPLICANT'SEMPLOYMENT: FROMTO
INDICA	ATE <u>FULL</u> OR <u>PART-TIME</u> EMPLOYEE
1.	WITH RESPECT TO THE TYPES OF EXPERIENCE, PLEASE DESCRIBE THE NATURE AND DUTIES OF THE APPLICANT'S EMPLOYMENT, REFERENCING THE REGULATIONS OF THE RHODE BOARD OF ACCOUNTANCY FOR THE FULFILLMENT OF THE PUBLIC ACCOUNTING EXPERIENCE REQUIREMENT. THIS INFORMATION CAN BE FOUND AT www.dbr.ri.gov

2.	TOTAL HOURS OF EXPERIENCE	
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-	ATTESTATION OF SU	
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	ountaincy's implementing regulations concerning	g the experience requirement.
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