

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 directly 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 under each supervising CPA who is verifying my experience 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.

SIGNATURE _____

DATE _____

PRINT NAME _____

2. TOTAL HOURS OF EXPERIENCE _____

ATTESTATION OF SUPERVISING CPA

I attest that to the best of my 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.

SIGNATURE _____

DATE _____

PRINT NAME _____

STATE OF CPA LICENSE _____

CPA LICENSE NUMBER _____