

ILLINOIS BOARD OF EXAMINERS	VERIFICATION OF EMPLOYMENT/EXPERIENCE	RECIPROCAL CPA CERTIFICATION APPLICATION
APPLICANT:	Complete the applicant section of this form and forward it to your employer for completion of the work experience section. You may be requested to further document your experience or employment. This form is to be used for verification of experience during which you provided any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills which were gained through employment in government, industry, academia, or public practice.	
1. NAME: LAST FIRST MIDDLE		3. U. S. SOCIAL SECURITY NUMBER (OPT.)
		DATE OF BIRTH <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>
ADDRESS: STREET, CITY, STATE, ZIP		5. Profession Name: <u>Certified Public Accountant</u> (Leave this section blank)
6. MAIDEN OR GIVEN SURNAME		
7. DATES OF EMPLOYMENT From ___/___/___ To ___/___/___ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Month Day Year Month Day Year </div>		8. JOB TITLE OR POSITION
		9. SUPERVISOR NAME
EMPLOYER: Complete the remainder of this form. Return the completed form directly to the Illinois Board of Examiners, 100 Trade Centre Drive, Suite 403, Champaign, IL 61820-7233		
PART I. – EMPLOYER INFORMATION		
A. EMPLOYER NAME		C. SUPERVISOR NAME
B. EMPLOYER ADDRESS: STREET, CITY, STATE, ZIP CODE		D. SUPERVISOR TITLE
PART II. – APPLICANT EMPLOYMENT INFORMATION		
A. NUMBER OF HOURS WORKED EACH WEEK	B. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	C. DATES OF EMPLOYMENT From ___ / ___ / ___ To ___ / ___ / ___ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Month Day Year Month Day Year </div>
D. TYPE OF ENTITY		E. APPLICANT'S JOB TITLE OR POSITION
F. GIVE BRIEF DESCRIPTION OF DUTIES AND FUNCTIONS PERFORMED: (If additional space is required, used the reverse side of this form.) 		
I do hereby declare that the information recorded hereon is true and correct and, that I am authorized to verify and release the above recorded employee information.		
_____		_____
Signature and Title		Date