



**New Mexico Regulation and Licensing Department**  
**BOARDS AND COMMISSIONS DIVISION**  
**New Mexico Public Accountancy Board**  
 5200 Oakland Avenue, NE ▪ Suite D ▪ Albuquerque, New Mexico 87113  
 (505) 222-9850 ▪ Fax (505) 222-9855 ▪ www.rld.state.nm.us/boards

**WORK EXPERIENCE VERIFICATION FORM**

EXPERIENCE REQUIREMENT

An applicant for initial issuance of a certified public accountant certificate shall show that he has had at least one year of experience. This experience shall include providing service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills as verified by a certified public accountant who meets requirements prescribed by the board. The experience is acceptable if it was gained through employment in government, industry, academia, or public practice. [1999 Public Accountancy Act, Section 8(H)]

Applicants shall have their experience verified by an active, licensed CPA as defined in the Act or by an active, licensed CPA from another state. One year of experience shall consist of full or part-time employment that extends over a period of no less than one year and no more than three years and includes no fewer than 2000 hours of performance of services described above. [Board Rule: 16.60.3.9 NMAC]

**INSTRUCTIONS FOR COMPLETING THIS FORM**

**Applicants:** Complete Section I of the enclosed form and forward it to an active, licensed CPA for verification. If you had multiple CPAs that can verify your experience, the most recent should complete the form. The CPA should return it to you in a sealed envelope. Include the sealed envelope in your completed application packet. If experience was obtained from more than one entity, make a copy of this form and complete a Work Experience Verification Form for each entity.

**Verifying CPAs:** Please complete Section II of the enclosed form and return it to the applicant **in a sealed envelope with your signature on the back**. Any exceptions to the candidate’s quality of experience, character, or fitness for service in the professional capacity of a CPA should be directed to the Board under separate cover.

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**SECTION I**

*To be Completed by the Applicant*

CANDIDATE INFORMATION

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Last Name	First Name	MI	Other Name(s) Used
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Date of Birth (MM/DD/YYYY)	Social Security Number
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EMPLOYER INFORMATION

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Employer Name

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Street or P.O. Box	City	State	Zip Code
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Position Held \_\_\_\_\_ Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Position was (check one) [ ] Part time [ ] Full time

EMPLOYER CATEGORY (select one)

- [ ] Client practice of public accountancy [ ] Government
[ ] Commercial enterprise/industry [ ] Law firm
[ ] Education [ ] Other (specify)\_\_\_\_\_

I \_\_\_\_\_, swear or affirm under the penalty of perjury that all information contained herein is true, correct, and complete to the best of my knowledge, information, and belief. I understand that any material misrepresentation or material omission of fact in this document is grounds for denial, suspension, or revocation of the CPA license that I am seeking.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION II

To be Completed by the Verifying CPA

Position Held by Candidate \_\_\_\_\_ Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of Experience (years/months/days) \_\_\_\_\_

Experience was (check one) [ ] Part time [ ] Full time

I verify that this candidate demonstrated high standards of professional competence in the following areas (check all that apply):

- [ ] Accounting [ ] Management advisory
[ ] Attest [ ] Financial advisory
[ ] Consultation on tax matters [ ] Consulting
[ ] Preparation of financial statements and reports [ ] Preparation of tax returns
[ ] Consultation, design and/or implementation of computer software involving accounting and auditing [ ] Other (describe)\_\_\_\_\_

**Please check the appropriate answer for each of the following questions:**

- [ ] YES            [ ] NO During this time, I observed the candidate and I believe the candidate's independence on non-routine accounting matters, integrity on professional issues, and ability to learn and stay abreast of important accounting pronouncements was demonstrated.
  
- [ ] YES            [ ] NO With respect to the character of the candidate, I recommend this person for licensure as a Certified Public Accountant.
  
- [ ] YES            [ ] NO During the time that I observed the applicant I was actively licensed for a minimum of one year.

\_\_\_\_\_  
Name of CPA (please print or type)

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Certificate Number and State of Issuance

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of CPA

\_\_\_\_\_  
Date