



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ACCOUNTANCY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

AFFIDAVIT OF SUPERVISED WORK EXPERIENCE

Send this form to the supervisor of an applicant for a Delaware Accountancy Permit to Practice to obtain verification of the applicant's work experience. The supervisor must be a qualified CPA.

APPLICANT INFORMATION – This section to be completed by applicant.

Name: _____
Last First Middle

Address: _____
Street

_____ City State/Province Zip/Postal Code

Home Phone: _____ Work Phone: _____

Email: _____

Social Security Number: _____

Firm or Organization Name: _____

EMPLOYER AFFIDAVIT – This section to be completed by employer.

Name of Supervisor: _____

Address: _____
Street

_____ City State/Province Zip/Postal Code

Phone: _____ Email: _____

State Where Licensed: _____ License Number: _____

Is your license in good standing? Yes No If no, explain below:

Enter the dates the applicant named above was under your supervision. From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Check one: Full-time Hours per Week: _____ Part-time Hours per Week: _____

Was the applicant's work performed in an adequate and professional manner? Yes No If no, explain below:

Referring to the table below, describe the accounting duties that the applicant performed during the period he/she was under your supervision. If you need more room, you may attach a separate sheet.

This table summarizes the qualifying experience requirements under Section 5.0 of the Delaware Board's Rules and Regulations, available online at www.dpr.delaware.gov.

IF the applicant holds this degree:	THEN the qualifying experience requirement is...
Masters	Providing any type of service or advice involving the use of accounting, attest, compilation, internal audit, management advisory (limited to the fields of accounting, financial or business matters), financial advisory (limited to providing accounting, financial or business advice), tax or consulting skills.
Baccalaureate	<ul style="list-style-type: none"> • Engagements resulting in the preparation and issuance of financial statements, including appropriate footnote disclosures, and prepared in accordance with generally accepted accounting principles or other comprehensive bases of accounting as defined in the standards established by the American Institute of Certified Public Accountants. "Standards" shall include generally accepted auditing standards and/or Statements on Standards for Accounting and Review Services (SSARS), appropriate to the level of engagement. "Standards" shall include generally accepted auditing standards and/or Statements on Standards for Accounting and Review Services (SSARS), appropriate to the level of engagement. • Experience in internal audit may be used in lieu of or in addition to the experience above.
Associate	Extensive experience obtained in engagement, resulting in the preparation and issuance of financial statements in accordance with generally accepted accounting principles or other comprehensive bases of accounting as defined in the standards established by the American Institute of Certified Public Accountants.

AFFIDAVIT

I declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

SUPERVISOR'S SIGNATURE: _____ Date: _____

State of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Signature of Notary: _____

SEAL

My Commission Expires: _____

RETURN THIS FORM DIRECTLY TO THE DELAWARE BOARD OF ACCOUNTANCY OFFICE.