

FORM 4B

CERTIFIED PUBLIC ACCOUNTANT

CERTIFICATION OF EMPLOYER

THIS FORM MUST BE COMPLETED BY EMPLOYER AND MAILED DIRECTLY TO:
 The New York State Education Department
 Office of the Professions
 Division of Professional Licensing Services CPA Unit
 89 Washington Avenue
 Albany, NY 12234-1000

Note: Instruction sheet must accompany this form when forwarded to employer. This form may be photocopied, but all forms **must bear an original notarized signature of the supervisor/employer and date.** Applicant completes Section I. Employer completes Section II.

SECTION I: APPLICANT INFORMATION

APPLICANT'S NAME (please print exactly as it appears on your Licensure Application Form 1)

_____ Last First Middle

Name at time of employment (if different from above): _____

SOCIAL SECURITY NUMBER: -
 (Leave this blank if you do not have a U.S. Social Security Number)

BIRTH DATE: / /
 mo. day yr.

SECTION II: NUMBERS 1-9 AND CERTIFICATION TO BE COMPLETED BY EMPLOYER

I am furnishing the following information to the New York State Board for Public Accountancy to determine whether the applicant satisfies the experience requirement of Section 70.2 of the Commissioner's Regulations.

1 I am (Check one) a certified public accountant of _____, or a public accountant licensed in New York State.

 Name Firm or organization Position or title

 Certificate number State in which certified Date certified

(If you are no longer employed by the organization from which the applicant is claiming experience or were not the direct supervisor for the full period claimed, please have your former employer confirm in writing to the Board Office the dates and positions you held relative to the time periods of the applicant's service.)

2 Address of applicant as shown on employer's records:

 Street City State Zip code

3 Applicant's place of employment to which I am attesting:

 Firm Name City State Zip code

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Present
 mo. day yr. mo. day yr.

4 This employment was : full-time part-time (Check one-If part time, complete number 5)

5 If the employment was part-time, list the number of hours worked per week and the number of weeks or months of the part-time service included in the total experience claimed. You must also attach the documentation required for part time public audit experience on the instructions for form 4b.

6 Applicant's job classification while in our employment:

JOB CLASSIFICATION	DATES	
	From	To
_____	___ / ___ / ___ mo. day yr.	___ / ___ / ___ mo. day yr.
_____	___ / ___ / ___ mo. day yr.	___ / ___ / ___ mo. day yr.
_____	___ / ___ / ___ mo. day yr.	___ / ___ / ___ mo. day yr.
_____	___ / ___ / ___ mo. day yr.	___ / ___ / ___ mo. day yr.

7 I HAVE READ THE INSTRUCTIONS concerning the completion of the following analysis. In accordance with the categories as described in the instructions, the applicant's duties are best described as follows:

		Department Use Only
PUBLIC ACCOUNTING EXPERIENCE (full or part time)	PERCENTAGE OF TIME	A
A. Auditing Services <ol style="list-style-type: none"> 1. Examination of financial statements of clients for the purpose of expressing an opinion 2. Examination of financial statements of clients when certain auditing procedures have been applied but a disclaimer is expressed, including SSARS 1 Reviews 	_____ _____	B
B. Financial statement preparation, including SSARS 1 Compilations	_____	
C. ... Bookkeeping service	_____	A & B
D. Tax service	_____	
E. Management services	_____	
F. Other (describe on line below in detail or attach additional sheets) _____	_____	
TOTAL	_____ _____	
* * * * * EXPERIENCE IN NONPUBLIC ACCOUNTING:		
G. Equivalent auditing experience. (Attach a separate statement as outlined in the instructions.)	_____ _____	

8 Does the applicant, in your opinion, possess good moral character and have other attributes required of a CPA? YES NO
 (If No, attach a separate sheet explaining.)

9 AFFIDAVIT
 I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct.
 Check here if you are attaching additional information.

Signature: _____ Date: ____/____/____
mo. day yr.

Print Name: _____

Title: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____

10 NOTARY CERTIFICATION OF IDENTIFICATION (Certification by Notary Public is required)

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public Signature: _____ Notary Stamp

Notary ID number: _____ Expiration date: ____/____/____
mo. day yr.

Do not return this form to the applicant, SUBMIT DIRECTLY TO: **New York State Education Department, Office Of The Professions, Division Of Professional Licensing Services, CPA Unit, 89 Washington Avenue, Albany, NY 12234-1000.**