Experience Affidavit	' '' ††††† Bo	ard of Accountancy WASHINGTON STATE	
YOUR CONTACT INFORMATION			
Full Name:	Washington CPA # if applicable:		
	Daytime Phone: ()		
Mailing Address (Street, City, State or Province, Zip Code,			
		Email Address:	
	Date of Birth:		
YOUR CERTIFICATION SECTION			
I certify that:			
The information on this form is complete a	nd accurate.		
Signature	Date		
YOUR REQUIRED SKILL AREAS List the organization(s) where you obtained your wo	rk experience (attach additional	sheets if necessary):	
Dates Worked	Dates Worke		
From:To:		To:	
Organization:	Organization:		
Industry:	Industry:	Industry:	
Address:			
Key Job Responsibilities – Attach a summary and/c	r resume. Key Job Resp	Key Job Responsibilities – Attach a summary and/or resume.	
Total Number of Hours Worked at this Organization	Total Number	Total Number of Hours Worked at this Organization	
(Not total hours per week or month):	(Not total hour	(Not total hours per week or month):	
Total number of hours worked in all organizations:	(Must	be a minimum of 2,000 hours)	
Total number of months worked in all organizations		(Must be a minimum of 12 Months)	

YOUR REQUIRED COMPETENCIES

For each skill set within the competency category (1.1, 1.2, 1.3, 1.4, 2, 3, etc.) you must have observed or applied the skill and thereby <u>had the opportunity</u> to gain or improve your personal skills and/or abilities. For example, you became aware of legal or regulatory requirements, professional standards or rules, or organizational policies applicable to your work place; or you have participated in a program, project, or division or applied appropriate procedures, etc., in which specific competencies and abilities were demonstrated. You are not expected to have mastered the competency or ability.

The opportunity to gain or improve your personal abilities can be obtained by complying with a job description and/or organization policies, or as a team member working on or in programs, projects, or divisions.

Each box must be checked under all competencies.

Competency 1 – Assess the Achievement of an Entity's Objectives

1.1 My work experience(s) required me to plan a daily work schedule or a longer term project or work program to accomplish a specific result.

1.2 As a result of my experience I became aware of the need for numerical performance measures and utilization such as measures indicate progress toward desired results (goals) or identify road blocks to achieving desired results.

1.3 As a result of my experience I became aware of the need to recognize conditions that may require the extension or modification of a plan and objectively and calmly restructure an original plan.

1.4 As a result of my experience I am aware of the need to listen unemotionally but objectively when evaluating verbal or written input from others.

Competency 2 – Develop Documentation and Sufficient Data to Support Analysis and Conclusions

2. As a result of my experience I became aware of the need to document data and other objective factual matter to support recommendations and conclusions.

Competency 3 - Understand Transaction Streams & Information Systems

3. My work and life experiences have introduced me to certain accounting routines such as why time cards are kept and how they flow through to a paycheck, how cash is accounted for, how payments are accounted for, why supervisors check the detail of a time card or whether all the cash receipts are accounted for or why the bank statement is reconciled to the checkbook.

Competency 4 – Assess Risk and Design Appropriate Procedures

4.1 As a result of my experience I became aware of the need for assessments of legal, regulatory, financial, and organizational risk levels and that policies and procedures are designed to mitigate those risks.4.2 I can recognize when individuals appear to be living beyond their means and can imagine how that might occur whether legal or illegal.

Competency 5 – Make Decisions, Solve Problems, and Think Critically in the Context of Analysis

5.1 As a result of my experience I became aware that some people make decisions without any basis for the decision. My work and life experiences have taught me how to be reasonably certain I knew what I was talking about by having some objective data or other knowledge base to support my position on a matter.

5.2 As a result of my work and life experiences I have a sense of when numbers don't appear to reflect what I think the number should be and what I might need to know that will explain why the difference.

Competency 6 - Communicate Scope of Work, Findings and Conclusions Effectively

6. As a result of my work and life experiences I have gained an understanding that you must communicate at the level of your audience (group) and that the same message can be conveyed in different ways.

VERIFYING CPA CERTIFICATION SECTION

If more than one CPA is verifying the experience, please submit additional sheets.

CPAs Full Name:	License #:	State of Issuance:
Mailing Address (including city, state, zip code):	Daytime Phone: ()
	_ Email Address:	
I certify that (each box must be checked):		
I currently hold a valid license to practice public accounti	ng.	
I have held a valid CPA license to practice public account	ting in a US jurisdiction for	a minimum of five years.
The individual I am verifying provided me the fully complemy verification.	eted experience affidavit sig	gned by the individual as the basis for
The individual I am verifying has had experience providir competencies (each box must be checked):	ng the opportunity to attain a	skills related to the following
Assess the Achievement of an Entity's Objective	es	
Develop Documentation and Sufficient Data to	Support Analysis and Conc	lusions
Understanding Transaction Streams & Informat	ion Systems	
Assess Risk and Design Appropriate Procedure	2S	
Make Decisions, Solve Problems, and Think Cr	itically in the Context of Ana	alysis
Communicate Scope of Work, Findings and Co	nclusions Effectively	
Verifying CPA's Signature	Date	

Please submit your experience affidavit with your online license application or mail to):	
PO Box 9131, Olympia, WA 98507	Phone:	(360) 753-2586

THE BOARD ADVISES YOU TO KEEP COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. The information you submit to the Board may ultimately be subject to disclosure as a public record.