

Wisconsin Department of Safety and Professional Services

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ACCOUNTING EXAMINING BOARD

VERIFICATION OF EMPLOYMENT AND EXPERIENCE

Instructions: Document a minimum of 12 months of experience (as defined in [Wis. Admin. Code ch. Accy 2](#)) within the last five years, acquired after the applicant earned qualifying education for the Certified Public Accountant examination. Complete Part I and forward form to your employer(s) to complete Part II. Your employer must upload completed Form 127 and position description into your online LicenseE application, <https://license.wi.gov/>. Be sure to provide the application number below.

PART I: Must be completed and signed by applicant.

Applicant Name	Application Number
	PAR-
ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.	
Applicant Signature (If unable to provide a digital signature print and sign form.)	Date
	/ /

PART II: Must be completed by past or present employer, including applicable sections on Page 2.

Past/Present Employer: Complete this form and submit a position description including the position title(s) indicated on Page 2, the accounting duties performed and the applicant's name. This document must be signed and dated by the evaluator. The information requested is required for processing the application. Return completed form directly to the Department using the LicenseE Third-Party* Upload Portal at license.wi.gov . You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of credential application.)			
Applicant's Name			
Firm's Name			
Employment Period:	From:	/ /	To: / /
Employee Worked:	☐ Full-Time ☐ Part-Time Indicate # of hours per week		
Did the employee have an extended absence during employment period? ☐ Yes ☐ No			
If yes, list duration.	From:	/ /	To: / /
Evaluator's Name		Daytime Telephone Number	
		- -	
Title		Type of Business	
Firm Address (number/street)	(city)	(state)	(zip code)
☐ I have signed and attached a position description, including the position title(s) indicated on Page 2, the accounting duties performed and the applicant's name.			

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ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature of Evaluator (If unable to provide a digital signature print and sign form.)	Date
	/ /

Section A: Academic Positions

Experience in Teaching (Wis. Admin. Code ch. Accv 2): The basic guideline followed is that experience in teaching accounting is senior when teaching is at the intermediate, advanced, and specialized level of accounting. Teaching courses in areas other than accounting does not qualify. Attach course description for each course listed below.

1. Are you a full-time accounting faculty member? ☐ Yes ☐ No
2. How many credit hours of teaching per semester are considered full-time? _____
3. Is research considered part of your academic contract? ☐ Yes ☐ No

Course #	Course Title	Level	# Credits per Course	Sections per Semester	# of Semesters Taught

Section B: Industry, Government, Law, and Other

Position Title	From	To	% of Time (100% if full-time)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Section C: Licensed Public Accounting Firm and Governmental Audit Agencies

Position Title	From	To	% of Time (100% if full-time)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	