

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 450/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**VERIFICATION OF
EMPLOYMENT/EXPERIENCE**

SUPPORTING DOCUMENT

VE-PAE

APPLICANT: Complete the applicant section of this form and forward it to your employer for completion of the verification. You may be requested to further document such experience. This form is to be used for verification of experience during which you provided any type of service or advice involving the use of accounting, attest, management advisory, financial advisory, tax or consulting skills which were gained through employment in government, industry, academia, or public practice.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN - - - - -
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4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. PROFESSION NAME AND THREE DIGIT PROFESSION CODE
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6. MAIDEN OR GIVEN SURNAME	Certified Public Accountant _____ Profession Name	0 6 5 _____ Profession Code
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7. Have you been granted a Certified Public Accountant Certificate by the University of Illinois or the Board of Examiners?
 Yes No

If "Yes," record certificate number _____ Date of issuance ____ / ____ / ____
 Month Day Year

EMPLOYER: Complete the remainder of this form. Form must be completed by employer where work experience was obtained.

PART I. - EMPLOYER INFORMATION

A. NAME AND ADDRESS OF EMPLOYER	B. NAME OF SUPERVISOR
C. SUPERVISOR'S POSITION OR TITLE HELD	

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. NUMBER OF HOURS WORKED PER WEEK	B. TYPE OF EMPLOYMENT <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	C. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
D. CATEGORY TYPE (SELECT ONE) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> INDUSTRY <input type="checkbox"/> ACADEMIA <input type="checkbox"/> PUBLIC PRACTICE		E. APPLICANT'S POSITION OR TITLE HELD

F. GIVE A GENERAL DESCRIPTION OF WORK PERFORMED BY THE APPLICANT RELATIVE TO THE DEFINITION OF "EXPERIENCE" REFERENCED IN SECTION 1420.10 OF THE RULES FOR THE ADMINISTRATION OF THE ILLINOIS PUBLIC ACCOUNTING ACT. (If additional space is required, use the reverse side of this form.)

I do hereby declare that the information recorded hereon is true and correct and, that I am authorized to verify and release the above recorded employee information.

_____ Date
Signature and Title