Wisconsin Department of Safety and Professional Services Office Location:

P.O. Box 8935

Madison, WI 53708-8935

E-Mail:

4822 Madison Yards Way

Madison, WI 53705

FAX #: (608) 251-3036 Phone #: (608) 266-2112

PART I: Must be completed and signed by applicant.

dsps@wisconsin.gov Website: http://dsps.wi.gov

ACCOUNTING EXAMINING BOARD

VERIFICATION OF EMPLOYMENT AND EXPERIENCE

Instructions: Document a minimum of 12 months of experience (as defined in Wis. Admin. Code § Accy 2) within the last five (5) years, acquired after the applicant earned qualifying education for the Certified Public Accountant examination. Complete Part I and forward to your employer(s) to complete part II. Your employer must return Form #127 to you to submit with the application.

Applicant's Name	Signature	Date						
PART II: Must be completed by past or pre	esent employer, including applicable section	as on page 2.						
	es performed and the applicant's name. T	t. Submit a position description including the position title(s) This document must be signed and dated by the evaluator. The						
Applicant's Name								
Firm's Name								
Employment Period: From:/ To://								
Employee Worked: Full-Time	Part-Time Indicate # of hours per w	eek						
Did the employee have an extended abse	nce during employment period?	Yes No						
If yes, list duration. From:	f yes, list duration. From:// To://							
Evaluator's Name		Daytime Telephone Number						
Title		Type of Business						
Firm Address (street, city, state, zip)								
☐ 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.								
Signature of Evaluator		Date						

#127 (Rev. 7/18) Ch. 442, Stats.

Wisconsin Department of Safety and Professional Services

Section A: Academic Positions

teaching is at	n Teaching (Wis. Admin. Code § A the intermediate, advanced, and speed edescription for each course listed be	cialized level of accounting	line followed is ng. Teaching o	s that experience i	n teaching accounting	ng is senior when does not qualify.			
1. Are yo	1. Are you a full-time accounting faculty member?				Yes No				
	many credit hours of teaching per ser		_						
3. Is rese	carch considered part of your academ Course Title	Level	Yes No # Credits Sections per Course per Semester		# of Semesters Taught				
Section B: Industry, Government, Law, and Other									
Position Title	itle From			То		% of Time (100% if full-time)			
Section C: Licensed Public Accounting Firm and Governmental Audit Agencies									
Position Tit	Position Title From			То		% of Time (100% if full-time)			
			/						
			/						
			/						