

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 Phone Number: (608) 266-2112

**License Portal:** <https://license.wi.gov/>  
**Email:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## ACCOUNTING EXAMINING BOARD

### EXPERIENCE RECORD

**Instructions:** Document qualifying accounting experience as defined in [Wis. Admin. Code § Accy 2](#). Make statement concise. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. If you have additional engagements, complete, and submit another copy of this form (**Form 128**) for review. Upload form(s) into your online [LicenseE](#) application.

APPLICANT INFORMATION			
Last Name	First Name	MI	Date
			<input type="text"/> / <input type="text"/> / <input type="text"/>

1. School Attended (most recent)	Degree Received	Major
Location (street, city, state, zip code)		Graduation Date
		<input type="text"/> / <input type="text"/> / <input type="text"/>

2. Name of Employer	Title of Position
Address of Employer (street, city, state, zip code)	Employment Period (include month/year)
	From <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/>

Duties/Extent of Experience and Responsibility

Name of Immediate Supervisor	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Number of Hours per Week: <input style="width: 100px;" type="text"/>

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<b>3. Name of Employer</b>	Title of Position
Address of Employer (street, city, state, zip code)	Employment Period (include month/year)
	From <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> To <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Duties/Extent of Experience and Responsibility	
Name of Immediate Supervisor	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Number of Hours per Week: <input style="width: 100px; height: 20px;" type="text"/>

<b>4. Name of Employer</b>	Title of Position
Address of Employer (street, city, state, zip code)	Employment Period (include month/year)
	From <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> To <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Duties/Extent of Experience and Responsibility	
Name of Immediate Supervisor	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Number of Hours per Week: <input style="width: 100px; height: 20px;" type="text"/>