

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-1422 • Fax 919-733-4209 • Web nccpaboard.gov

EXPERIENCE AFFIDAVIT - TEACHING

This form is a supplement to the *Experience Affidavit*. The direct supervisor should complete both forms and attach this supplement to the *Experience Affidavit*. Please refer to 21 NCAC 08F .0409 for the rules regarding teaching experience. You may copy this form if necessary, but each page must bear the institution's seal and the signature of the chair of the department or the dean of the school.

Applicant Name (First/Middle/Last/Suffix) _____

The applicant was teaching at this institution for the period beginning _____ and ending (date of
(MM/DD/YYYY)

termination or today's date) _____. This school is on the ____ quarter ____ semester system and
(MM/DD/YYYY).

considers a minimum of ____ quarter ____ semester hours per (check one) ____ quarter ____ semester ____ year
as full-time teaching. Below is a listing of courses taught by the applicant.

Quarter/Semester/Year	Course Title	Hours

Printed Name _____

Signature _____

Date _____

College or University _____

Institution's Seal

