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