North Carolina State Board of Certified Public Accountant Examiners

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