



IDAHO STATE BOARD OF ACCOUNTANCY
 PO Box 83720
 Boise ID 83720-0002
 Phone (208) 334-2490 Fax (208) 334-2615
 E-Mail: isba@isba.idaho.gov
 Web Site: isba.idaho.gov

EXPERIENCE AND EMPLOYMENT SUMMARY FOR RECIPROCITY APPLICANTS

Reciprocity applicants may use this form to report experience, if they meet all of the following:

- 1) have no less than four years of experience, **and**
- 2) the experience was obtained **after** original licensure, **and**
- 3) the experience was obtained within ten years of filing this application.

If there were more than 3 employers, photocopy this form before completing and return all completed forms to the Board office; P.O. Box 83720 – Boise ID 83720-0002.

Employer Title Dates Employed

 Supervisors Name Supervisors Address Supervisors Phone

Brief description of duties:

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 Supervisors Name Supervisors Address Supervisors Phone

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 Supervisors Name Supervisors Address Supervisors Phone

Brief description of duties:

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations contained on this form.

Signature: _____ Print Last Name: _____ Date: _____