



California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



Certificate of General Experience Form 11A-30 (Revised 01/22)

Purpose: The Certificate of General Experience is to document evidence of an applicant's general accounting experience.

Applicability: Type A, B, C and E applicants

Types of Licensure Applicants:

- **Type A** – An applicant who **passed the Uniform CPA Exam in California**, has not been issued a valid license to practice public accounting in any state and is applying for licensure as a CPA in California for the first time.
- **Type B** – An applicant who **passed the Uniform CPA Exam in a state other than California** and has not been issued a valid license to practice public accounting in any state and is applying for licensure as a CPA in California for the first time. Has completed a baccalaureate or is within 6 months of completion prior to sitting for the CPA Exam in another state.
- **Type C** – An applicant who was issued a valid license to practice public accounting in a state other than California.
- **Type D** – An applicant who **previously was licensed as a CPA in California** and the certificate was cancelled after five years for nonpayment of license renewal fees.
- **Type E** – An applicant who **passed the International Uniform Certified Public Accountant Qualification Examination (IQEX)** of the AICPA and the National Association of State Boards of Accountancy (NASBA).
- **Type F** - A California licensee originally issued a license to perform general accounting services who has now completed attest experience

Who Completes this Form: The licensed CPA holding a valid license to practice public accounting who supervised the applicant's performance of services provided.

Required Action: Complete and verify your supervision of the applicant's experience.

When to Complete this Form: Upon the applicant's request. Failure to submit the Certificate of General Experience is viewed by the California Board of Accountancy as an attempt to impede the applicant's certification and may result in disciplinary action.

Where to Send this Form:

California Board of Accountancy
2450 Venture Oaks Way, Suite 300
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Authority for this Form: Business and Professions Code Sections 5092, 5093, 5095, and Sections 12 and 12.5 of Title 16, Division 1 of the California Code of Regulations.



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CERTIFICATE OF GENERAL EXPERIENCE

PRINT OR TYPE

FULL NAME OF APPLICANT: (No Initials) (First) (Middle) (Last)	SOCIAL SECURITY # (Last 4 only) XXX-XX-_____
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PERIOD OF EMPLOYMENT						
List the dates applicant was under your supervision and obtained qualifying general accounting experience, as defined below.						
FULL TIME DATES	FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	PART-TIME DATES	FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	TOTAL PART-TIME HOURS
/ /		/ /		/ /	/ /	

General accounting experience may include providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. To qualify, experience shall have been performed in accordance with applicable professional standards.

If an applicant is performing attest services as part of the general experience, it must be performed under the supervision of a licensee who has satisfied the attest experience requirement.

An applicant who obtains licensure without satisfying the attest experience requirement (Section 12.5 of Title 16 of the California Code of Regulations) cannot sign reports on attest engagements of any kind until the attest experience requirement is completed and authorization is given by the California Board of Accountancy (CBA).

BUSINESS NAME:	BUSINESS TELEPHONE: Area Code ()
ADDRESS: (Include City, State, and Zip Code)	

Section 12 of the California Code of Regulations requires that public accounting experience be verified by the licensee supervising the experience. **Supervised experience means that the applicant’s supervisor shall have reviewed and evaluated the applicant’s qualifying work on a routine and recurring basis and shall have authority and oversight over the applicant.**

I hereby certify, under penalty of perjury under the laws of the state of California, that the applicant has (1) been supervised or employed by me or my firm for the period indicated herein, and (2) has completed general accounting experience.

SIGNATURE (Supervisor)	SOLE PROPRIETOR <input type="checkbox"/>
PRINTED NAME	PARTNER <input type="checkbox"/>
DATE	SHAREHOLDER <input type="checkbox"/>
	OTHER CPA <input type="checkbox"/>
	CERTIFICATE NO. _____ CPA <input type="checkbox"/> PA <input type="checkbox"/>
	U.S. STATE OR OTHER AUTHORITY OF ISSUANCE _____

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the CBA, to determine qualifications for a Certified Public Accountant License. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.

Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the CBA, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24.

Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.

The Executive Officer of the CBA is responsible for maintaining the information in this application, and may be contacted at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833, telephone number (916) 263-3680 regarding questions about this notice or access to records.