

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last Wright		First James (Jay)		Middle Initial E
Work Address 205 W Ridge Street		City Wytheville	State VA	ZIP 24382
Work Phone 276-620-9924		Work Email Address wrightjaye@outlook.com		

EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
Liberty University	Accounting	M.S.	2009
Old Dominion University	Business/Taxation	MBA	2001
Radford University	Accounting	B.S.	1985
Northcentral University	Accounting	DBA	ABD

CERTIFICATION AND LICENSURE

Certified Public Accountant – Virginia Lic #27703	2005-current
Certified Fraud Examiner – U.S. Lic #678100	

RELEVANT PROFESSIONAL EXPERIENCE *(List current primary position first.)*

Employer	Position	Department	Date
LIT	Instructor of Accounting	Business	2020-2026
New River College	Professor of Accounting	Business	2005-2021
Wythe Co Community Hospital	CFO	Administration	1996-2005

PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES *(Last 5 years)*

Organization	Officer (if applicable)	Date
VA Society of CPAs		2005-2026
Association of Certified Fraud Examiners		2010-2026

CONFERENCE PRESENTATIONS *(Last 5 years)*

Conference Name	Title of Presentation	Date

COMMUNITY SERVICE *(Last 5 years)*

Volunteer Tax Preparer	VITA	2021-2026
Volunteer Bookkeeper	Local EMS	2016-2021

HONORS AND AWARDS

Outstanding Professor – 2021	

OTHER MAJOR PROFESSIONAL DEVELOPMENT *(Up to 5 activities)*

Title	Type of Activity	Date(s)
Complete a minimum of 40 CPE hours yearly to maintain CPA and CFE licenses		2005-current