

EXPERIENCE VERIFICATION FORM

INFORMATION ABOUT CANDIDATE

Candidate's Name (Please Print): _____
(Last Name) (First Name) (Middle Initial)

Candidate's ID Number: _____

The individual named above has applied to the following certification program (check one) and must submit a completed, verified copy of this form in order to complete the experience requirement, as outlined below:

- CIA (Certified Internal Auditor) – 24 months of internal audit experience or its equivalent (defined as experience in audit/assessment disciplines, including external auditing, quality assurance, compliance, and internal control).
 - Please check here if you have submitted a Master's degree.
- CCSA (Certification in Control Self-Assessment) – 12 months of control-related business experience, such as CSA, auditing, quality assurance, risk management, or environmental auditing.
- CFSA (Certified Financial Services Auditor) – 24 months of audit experience in a financial services environment.
- CGAP (Certified Government Auditing Professional) – 24 months of auditing experience in a government environment (federal, state/provincial, local, quasi-governmental areas, authority/crown corporation).
- CRMA (Certification Risk Management Assurance) – 24 months of auditing experience or controls related business experience such as risk management and quality assurance.

Professors: Two years of teaching experience in a related topic will be accepted as the equivalent of one year of work experience. If teaching experience is being verified, list course titles, dates, and description of courses.

PLEASE COMPLETE THE FOLLOWING SECTION WITH EXPERIENCE INFORMATION. PLEASE USE ADDITIONAL FORMS IF NEEDED.

Name of Organization: _____ Title: _____

Type of Industry: ___ Government ___ Financial Services ___ Other

Dates (Month/Day/Year) From: ___/___/___ To: ___/___/___ currently in this position

Check job duties: internal audit quality assurance risk management audit/assessment disciplines
 compliance external auditing internal control

Other: _____

Name of Organization: _____ Title: _____

Type of Industry: ___ Government ___ Financial Services ___ Other

Dates (Month/Day/Year) From: ___/___/___ To: ___/___/___ currently in this position

Check job duties: internal audit quality assurance risk management audit/assessment disciplines
 compliance external auditing internal control

Other: _____

INFORMATION ABOUT VERIFIER

I am (check all that apply): A CIA A CCSA A CGAP A CFSA A CRMA The candidate's supervisor (current or prior)

Name (please print): _____

Title/Position: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

STATEMENT OF VERIFICATION

I verify that the candidate named on this form has completed the experience as listed above, and I attest that this experience meets the experience requirement of the program to which the candidate is applying, as outlined above.

Verifier's Signature: _____ Date: _____

Please upload the completed form through the document upload portal. Access the document upload portal by going to www.globaliia.org/certification and clicking the link for the document upload portal.

This document will be reviewed within approximately five business days of receipt at The IIA. You may confirm that the document has been approved by going to www.globaliia.org/certification, logging in to your record on the Certification Candidate Management System (CCMS), and clicking on the appropriate certification program on the Certification Progress screen. If the document cannot be approved, you will be contacted.