

Experience Verification Form

INFORMATION ABOUT CANDIDATE

Candidate's Name (please print): _____
(Last Name) (First Name) (Middle Initial)

Candidate 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.

- Internal Audit Practitioner CIA® (Certified Internal Auditor®)
 CCSA® (Certification in Control Self-Assessment®) CFSA® (Certified Financial Services Auditor®)
 CGAP® (Certified Government Auditing Professional®) CRMA® (Certification in Risk Management 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.

Experience for the IIA's certification programs is based on the maximum level of education achieved. Candidates are required to evidence experience accordingly:

Education Level	CCSA	CFSA	CGAP	CRMA	CIA	IAP
Master's Degree (or equivalent)	12 months	12 months	12 months	12 months	12 months	6 months
Bachelor's Degree (or equivalent)	12 months	24 months	24 months	24 months	24 months	6 months
Associate's Degree, A-Level Certificate (or equivalent)	60 months	60 months	60 months	60 months	60 months	6 months

Certification	Type of Experience Required
CIA / IAP	Audit / assessment disciplines, including external auditing, quality assurance, compliance, and internal control
CCSA	CSA, auditing, quality assurance, risk management, or environmental auditing
CFSA	Auditing experience in a financial services environment
CGAP	Government environment (federal, state / provincial, local, quasi-governmental areas, authority/crown, corporation) auditing experience
CRMA	Auditing experience or controls-related business experience such as risk management, quality assurance, or CSAC

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

INFORMATION ABOUT VERIFIER

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

Name (please print): _____
(Last Name) (First Name) (Middle Initial)

Title / Position: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

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 outline above.

Verifier's Signature: _____ Date: _____

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