

# 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.
- CGAP (Certified Government Auditing Professional) – 24 months of auditing experience in a government environment (federal, state/provincial, local, quasi-governmental areas, authority/crown corporation).
- CFSA (Certified Financial Services Auditor) – 24 months of audit experience in a financial services environment.

**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: \_\_\_/\_\_\_/\_\_\_

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: \_\_\_/\_\_\_/\_\_\_

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  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 submit completed form as an attachment to [certification@theiia.org](mailto:certification@theiia.org) or fax to +1-407-937-1108. 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.theiia.org/certification](http://www.theiia.org/certification), logging into 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.