

INFORMATION ABOUT CANDIDATE

Candidate's ID#: _____

Candidate's Name (please print):

(Last Name) (First Name) (Middle Initial)

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)
- 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

CANDIDATE'S EXPERIENCE

The following information about the candidate should be listed in chronological order, with the most recent position listed first. Please list the candidate's job title, dates employed, and a brief description of the candidate's duties and responsibilities. If teaching experience is being verified, list course titles, dates, and description of courses. (Two years of teaching experience in a related topic will be accepted as the equivalent of one year of work experience.)

Title: _____ Organization: _____

Dates: From _____ To _____

Description of Duties: _____

Title: _____ Organization: _____

Dates: From _____ To _____

Description of Duties: _____

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 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, 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.