

EXPERIENCE VERIFICATION FORM

Candidate's Name: _____

The individual named above has applied to the following certification programme (tick 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 controls-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.
- CRMA (Certification in Risk Management and Assurance) – 24 months of auditing experience or controls-related business experience such as risk management, quality assurance or CSA.

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: _____ Organisation: _____

Dates: From _____ To: _____

Description of Duties: _____

Title: _____ Organisation: _____

Dates: From _____ To: _____

Description of Duties: _____

Title: _____ Organisation: _____

Dates: From _____ To: _____

Description of Duties: _____

INFORMATION ABOUT VERIFIER:

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

Name: _____

Title/Position: _____

Organisation: _____

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 programme to which the candidate is applying, as outlined above.

Verifier's Signature: _____ Date: _____