

# INTERNAL AUDIT EXPERIENCE VERIFICATION FORM

The individual named below has applied to sit for the Certified Internal Auditor (CIA) examination. In considering the candidate's qualifications for the CIA designation, we require verification that the candidate has attained two years of internal auditing or equivalent experience (that is, experience in audit/assessment disciplines, such as external auditing, quality assurance, compliance, or internal control).

## INFORMATION ABOUT CANDIDATE

Candidate's Name (please print):

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Candidate's IIA Membership ID #: \_\_\_\_\_

Candidate's Organization: \_\_\_\_\_

## VERIFIER'S AUTHORITY

I am (check all that apply):

- ☐ A CIA (Certified Internal Auditor) ☐ A CCSA (Certification in Control Self-Assessment)  
☐ A CGAP (Certified Government Auditing Professional) ☐ A CFSA (Certified Financial Services Auditor)  
☐ The candidate's supervisor (current or prior)

## STATEMENT OF VERIFICATION

I verify that (candidate's name) \_\_\_\_\_  
has completed at least 2 years of internal auditing or equivalent experience, as described below.

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

## INFORMATION ABOUT VERIFIER

Name (please print): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_