

CIA Part 4 Professional Experience Recognition Documentation and Verification

Candidate Name:	
Candidate ID Number:	

Instructions:

Please use one form for each employer that you are indicating experience with as it relates to the five domains within Part 4 of the 4-Part CIA exam.

Candidates may have one verifier for multiple forms, but must list each employer on a separate form. Please have the forms signed, scanned and uploaded through the Document Upload Portal.

This form should state information related to each employer that the experience was completed in. The total number of months of professional experience should reflect the total amount of time that the candidate spent performing the duties described for each domain per employer.

Employer Name:	
Job Title:	
Employer Start Date:	
Employer End Date:	

Please select all domains within the Part 4 exam that you have experience with while working for this employer.

- ☐ Strategic Management
- ☐ Global Business Environments
- ☐ Organizational Behavior
- ☐ Management Skills
- ☐ Negotiating

Please note that you MUST demonstrate experience in ALL 5 domains. Use a separate form for each employer or if only one employer, you must show experience in all domains with this employer.

Domain 1 – Strategic Management

- Global Analytical Techniques
- Industry Environments
- Strategic Decisions
- Portfolio Techniques of Competitive Analysis
- Product Life Cycles

Total Number Months of Professional Experience: _____

Minimum 100 word narrative that describes your specific experience in this domain (please provide relevant examples):

--

CIA Part 4 Professional Experience Recognition Documentation and Verification

Domain 2 – Global Business Environments

- Cultural / Legal / Political Environments
- Economic / Financial Environments

Total Number Months of Professional Experience: _____

Minimum 100 word narrative that describes your specific experience in this domain (please provide relevant examples):

Domain 3 – Organizational Behavior

- Motivation
- Communication
- Performance
- Structure

Total Number Months of Professional Experience: _____

Minimum 100 word narrative that describes your specific experience in this domain (please provide relevant examples):

CIA Part 4 Professional Experience Recognition Documentation and Verification

Domain 4 – Management Skills

- Group Dynamics
- Team Building
- Leadership Skills
- Personal Time Management

Total Number Months of Professional Experience: _____

Minimum 100 word narrative that describes your specific experience in this domain (please provide relevant examples):

Domain 5 – Negotiating

- Conflict Resolution
- Added-Value Negotiating

Total Number Months of Professional Experience: _____

Minimum 100 word narrative that describes your specific experience in this domain (please provide relevant examples):

CIA Part 4 Professional Experience Recognition Documentation and Verification

This section should be completed by the CANDIDATE who is applying for CIA Part 4 PER BEFORE printing the application.

Verifier's Name:	
Verifier's Title / Position:	
Verifier's Organization:	
Verifier's Email:	
Verifier's Telephone:	
Verifier's IIA Membership ID (N/A if not a member):	

The following statements are to be completed by the VERIFIER who is reviewing the professional experience AFTER printing the application.

I am (check all that apply):

☐ A CIA ☐ A CCSA ☐ A CGAP ☐ A CFSA ☐ A CRMA ☐ The Candidate's Supervisor (current or prior)

I have functioned in a related position to the candidate and can verify his / her work experience.

☐ Yes ☐ No ☐ N/A

I can attest to the duration of the candidate's work experience on this application with my organization.

☐ Yes ☐ No ☐ OTHER

If "OTHER," please input the start and end dates you are able to attest to.

I can attest to the duration of the candidate's work experience on this application prior to his / her affiliation with my organization.

☐ Yes ☐ No ☐ N/A

I can attest that the task(s) performed by the candidate as described above are correct to the best of my knowledge.

☐ Yes ☐ No ☐ N/A

I can attest to the fact the candidate is competent in performing the tasks as indicated above which are correct to the best of my knowledge.

☐ Yes ☐ No ☐ N/A

Verifier's Signature: _____ Date: _____

Final Instructions:

- Complete one form for each employer you are submitting for consideration.
- Present the form to the person who is verifying your experience so they may complete the last section and sign it.
- Submit this form(s) with your documentation using the Document Upload Portal located at global.theiia.org/certifications.