EXPERIENCE VERIFICATION FORM

CANDIDATE NAME:		
Please note: the following information should be completed and verified by the candidate's supervisor or a Certified Internal Auditor. *(This form or a photocopy thereof should be used to confirm internal auditing or equivalent experience).*		
WORK EXPERIENCE VERIFIED BY:		
IIA MEMBERSHIP NO.:		
FIRST NAME:		SURNAME:
COMPANY :		
POSITION:		DEPARTMENT:
COMPANY ADDRESS:		
TEL (W).:		FAX:
EMAIL:		
DATE *(from - to)*	**JOB TITLE**	**DUTIES** *(provide a short description of duties)*
VERIFIER'S SIGNATURE:		DATE: