

## Certification in Risk Management Assurance (CRMA) Professional Experience Documentation and Verification

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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 the CRMA.

Candidates may have one verifier for multiple forms, but must list each employer on a separate form. Please have the forms signed, scanned and emailed to CRMA@theiia.org. If you are using multiple forms, please be sure to submit them all in one email to help process your documents efficiently.

The individual named above has applied certification through the Certification in Risk Management Assurance (CRMA) Professional Experience Recognition provision and must submit a completed, verified copy of this form in order to complete their application process.

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

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### Employer Information:

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

Please select all domains you had experience with while working for this employer.

- Assessing / Assurance of Risk Management Activities
- Risk Management Fundamentals
- Elements of Risk Management
- Control Theory and Application
- Business Objectives and Organizational Performance

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### Domain 1 – Assessing / Assurance of Risk Management Activities

- Providing assurance on risk management frameworks, programs, models
- Assessing the process for the identification and evaluation of key risks
- Giving assurance that the risks are correctly evaluated
- Providing assurance on management's risk mitigation plans and strategies
- Evaluating the reporting of key risks

Total Number of Months Professional Experience:	
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100 word narrative that describes your experience within this domain:

**Domain 2 – Risk Management Fundamentals**

- Championing the establishment of ERM
- Assisting management in the establishment of an ERM methodology
- Facilitating the Board and management's identification and evaluation of risks
- Educating and coaching management in identifying and responding to risks
- Coordinating ERM activities
- Consolidating ERM activities
- Maintaining and developing the ERM framework
- Developing the ERM strategy for Board approval

Total Number of Months Professional Experience:	
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100 word narrative that describes your experience within this domain:

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**Domain 3 – Elements of Risk**

- Risk theory
- Risk models / frameworks
- Understanding risks inherent in common business practices
- Application of risk identification and assessment techniques
- Risk management techniques / cost-benefit analysis

Total Number of Months Professional Experience:	
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100 word narrative that describes your experience within this domain:

**Domain 4 – Control Theory and Application**

- Corporate governance, control theory and models
- Methods for judging and communicating the overall effectiveness of the system of internal control
- Relationships between formal and informal controls
- Techniques for evaluating controls
- Control documentation techniques
- Control design and application

Total Number of Months Professional Experience:	
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100 word narrative that describes your experience within this domain:

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**Domain 5 – Business Objectives and Organizational Performance**

- Strategic and operations planning processes
- Objective setting, including alignment to the organization's mission and values
- Performance measures
- Performance management
- Data collection and validation techniques (e.g. benchmarking, auditing, consensus testing)

Total Number of Months Professional Experience:	
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100 word narrative that describes your experience within this domain:

The following should be completed by the CANDIDATE who is applying for CRMA certification BEFORE printing the application.

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

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

I am (check all that apply):

A CIA  A CCSA  A CGAP  A CFSA  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 performed by the candidate as indicated 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 are correct to the best of my knowledge.

Yes  No  N/A

Verifiers Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

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**Final Instructions:**

- Complete one form for each employer you are submitting experience for.
- Present the form to the person that is verifying your experience and have them complete the last section and sign it.
- Submit the form(s) with your other documentation (education / other credentials) if we do not already have it on file to CRMA@theiia.org.