

Confirmation of CMA Experience Requirement

Name _____ IMA # _____
(as it appears on your IMA profile)

- I have not yet completed the CMA experience requirement: however, I expect to complete the experience requirement during
 (month) _____ (year) _____
- I believe I meet the CMA experience requirement, and the appropriate information regarding my experience is listed below. The total number of months' experience listed below is _____

Please list most recent experience first

<i>Dates of Employment</i>	<i>Your Job Title and Detailed Description of Responsibilities</i>	<i>Name & Complete Mailing Address of Employer & Person to Contact to Verify Experience</i>
From: _____ To: _____ No. of Months <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 10px;"></div>	Job Title: _____ Description: 	Employer: _____ Address: _____ _____ Contact: _____ Phone # () _____ e-mail: _____
From: _____ To: _____ No. of Months <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 10px;"></div>	Job Title: _____ Description: 	Employer: _____ Address: _____ _____ Contact: _____ Phone # () _____ e-mail: _____

Signature required on Reverse Side

<i>Dates of Employment</i>	<i>Your Job Title and Detailed Description of Responsibilities</i>	<i>Name & Complete Mailing Address of Employer & Person to Contact to Verify Experience</i>
From: To: No. of Months <input data-bbox="99 590 266 667" type="text"/>	Job Title: <hr/> Description: 	Employer: <hr/> Address: <hr/> Contact: <hr/> Phone # () <hr/> e-mail: <hr/>
From: To: No. of Months <input data-bbox="99 1136 266 1213" type="text"/>	Job Title: <hr/> Description: 	Employer: <hr/> Address: <hr/> Contact: <hr/> Phone # () <hr/> e-mail: <hr/>

**Your name will be displayed on your CMA certificate
as it appears on your IMA profile.**

I declare and affirm that the foregoing statements are true, complete, and correct; and I agree to comply with IMA's Statement of Ethical Professional Practice. I understand that the ICMA may contact the referenced employers as appropriate and hereby authorize the investigation of all statements contained herein.

Signature _____ Date _____

The completed form can be e-mailed to ccurtin@imanet.org or mailed to the address listed below.

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1 • 800 • 638 • 4427**