

# 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 &amp; Complete Mailing Address of Employer &amp; Person to Contact to Verify Experience</i>
From: _____  To: _____  No. of Months <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 20px;"></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: 20px;"></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 &amp; Complete Mailing Address of Employer &amp; 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](mailto:ccurtin@imanet.org) or mailed to the address listed below.

**Institute of Certified Management Accountants  
10 Paragon Drive • Suite 1 • Montvale, NJ 07645-1759  
1 • 800 • 638 • 4427**