CCSA FACILITATION EXPERIENCE AND/OR TRAINING FORM

CCSA candidates must present proof of either facilitation experience OR training. This facilitation requirement does not need to be met before taking the CCSA exam but must be met before becoming certified as a CCSA. This form is not required for the CIA, CFSA, CGAP, or CRMA programs.

VALIDATION OF FACILITATION EXPERIENCE AND/OR FACILITATION TRAINING FOR CCSA CANDIDATE

This form or a photocopy of this form should be used to verify attainment of appropriate CSA facilitation experience by a CCSA candidate. The following information should be completed and verified by an individual with an IIA certification or the candidate’s supervisor.

INFORMATION ABOUT CANDIDATE
Candidate’s ID Number: ________________________________
Last Name: ____________________________________________
First Name: ____________________________________________
Middle Initial: _________________________________________
Candidate’s Organization: ____________________________________________

☐ EXPERIENCE VALIDATION TRAINING
AND/OR
☐ FACILITATION VALIDATION TRAINING

INFORMATION ABOUT VERIFIER
I am (check all that apply):
☐ A CIA (Certified Internal Auditor)
☐ A CCSA (Certification in Control Self-Assessment)
☐ A CFSA (Certified Financial Services Auditor)
☐ A CGAP (Certified Government Auditing Professional)
☐ A CRMA (Certified Risk Management Assurance)
☐ The candidate’s supervisor (current or prior)
☐ Other* (explain):

Name (please print): ____________________________________________
Title/Position: ________________________________________________
Organization: _________________________________________________
Address: ____________________________________________________
Phone: _______________________________________________________
Fax: _________________________________________________________
E-mail: _______________________________________________________

*Other qualified verifiers will be considered for approval. (An example of other qualified verifiers would be the candidate’s contractual client if CSA is performed by a candidate who is an external consultant.)

STATEMENT OF VERIFICATION
I verify that the candidate named on this form has satisfied all of the following requirements:
☐ Facilitated or co-facilitated at least one (1) control self-assessment (CSA) workshop, acquiring at least seven (7) total hours of direct facilitation or co-facilitation experience. A CSA workshop is one that assesses and evaluates risks, controls, or processes supporting the achievement of objectives.
☐ Demonstrated, through facilitation or co-facilitation, the ability to encourage group participation, resolve conflict (if applicable), and build consensus.
☐ Been involved in the planning of at least one (1) CSA workshop.
☐ Received assessment/feedback on performance as a facilitator or co-facilitator.

Verifier’s Signature: ____________________________________________
Date: _________________________________________________________

Please upload the completed form through the document upload portal. Access the document upload portal by going to www.globaliia.org/certification and clicking the link for the document upload portal.

This document will be reviewed within approximately five business days of receipt at The IIA. You may confirm that the document has been approved by going to www.globaliia.org/certification, logging in to your record on the Certification Candidate Management System (CCMS), and clicking on the CCSA certification program on the Certification Progress screen. If the document cannot be approved, you will be contacted.