



Certification in Risk Management Assurance (CRMA)

PROFESSIONAL EXPERIENCE RECOGNITION APPLICATION

10/25/2011

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FREQUENTLY ASKED QUESTIONS

WHAT IS THE CRMA PROFESSIONAL EXPERIENCE RECOGNITION (PER)?

The CRMA Professional Experience Recognition (PER) is an opportunity for qualified individuals to obtain the CRMA designation prior to the CRMA program launch in 2013.

Individuals who have demonstrated professional experience within the five domains of the CRMA, and credentials in education and / or other AUDIT RELATED certifications are welcome to apply to the CRMA PER.

This document contains important program requirements, process, and information that must be followed to apply to for the CRMA PER.

HOW DOES THE CRMA PER WORK?

Candidates will need to submit an application form that provides detailed information regarding education, current certifications held, and professional experience with the 5 domains of the CRMA.

Candidates will receive points for the amount of professional experience and credentials held. Candidates who obtain MORE than 150 points on the application can earn the designation prior the launch of the CRMA exam.

HOW DOES SCORING WORK?

To receive a CRMA designation through the PER, candidates will need to obtain MORE than 150 points through the PER application process. The application is divided into three sections (Education, Current Certifications Held, and Professional Experience).

Candidates will need to submit a separate experience verification form that has been attested to by someone who is currently a certified CIA, CCSA, CFSA, CGAP, or current / former supervisor for EACH EMPLOYER you are claiming experience with. Below is the scoring for each section.

Education - Maximum of 25 points *(points awarded for highest level degree only)*

- Associates Degree (2 year post secondary degree from a University) - 15 points
-or
- Bachelors Degree (4 year post secondary degree from a University) - 20 points
-or
- Masters Degree (6 year post secondary degree from a university) - 25 points

Current Certifications Held - Maximum of 30 points *(points awarded for highest certification only)*

- ACTIVE CIA or CCSA with The IIA - 30 points
-or
- Other Currently Active Audit Related Certification - 20 points

Professional Experience in CRMA Domains - Maximum of 140 points

(experience is cumulative across all domains and all employers)

- Less than 120 months experience - 100 points
- Between 120 and 300 months experience - 120 points
- More than 300 months - 140 points

WHAT IS THE COST TO APPLY FOR THE CRMA PER?

The cost is determined by your local Institute.

WHERE DO I GO IF I HAVE ADDITIONAL QUESTIONS?

Candidates should contact their local Institute for additional questions that are not answered with this guide.

WHAT IS THE PROCESS FOR APPLYING FOR THE CRMA PER?

- Obtain this application packet from your local institute.
- Complete the application packet, including professional experience verification
- Return complete application packet back to your local Institute for review. Include documentation of education, other audit related active certifications if the Institute does not already have that information on file.
- Submit payment to local Institute
- Your local Institute will review your application and forwarded your packet to IIA Global Headquarters for final review and approval.
- IIA Global headquarters will advise your local institute the result of your application
- Your local Institute will provide you with final outcome of your application

CRMA PROFESSIONAL EXPERIENCE RECOGNITION APPLICATION

APPLICATION: PAGE 1

Candidate Name: _____

Candidate ID Number: _____

Please select your highest level of education attained.

None - 0 points

Associates Degree (2 year post secondary degree from a university) - 15 points

Bachelors Degree (4 year post secondary degree from a university) - 20 points

Masters Degree (6 year post secondary degree from a university) - 25 points

Please select all currently active certifications you hold.

No Other Active Certifications Held - 0 Points

CIA and/or CCSA - 30 Points

Other - 20 Points - *Please indicate other certification in the box below.* If you select "OTHER CERTIFICATION" please list which currently active certifications you hold. *Note - You will be required to furnish documentation demonstrating the certification is currently active.*

APPLICATION: PAGE 2

Candidate Name: _____

Candidate ID Number: _____

Professional Experience (Please make as many copies of this page as needed)

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

Domain 1 - Assessing / Assurance of Risk Management Activities (Required)

- 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 Months of Professional Experience: _____

100 word narrative that describes your experience in 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
- Maintaining and developing the ERM framework
- Developing the ERM strategy for Board approval

Total Number Months of Professional Experience: _____

100 word narrative that describes your experience in this domain:

APPLICATION: PAGE 3

Candidate Name: _____

Candidate ID Number: _____

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 Months of Professional Experience: _____

100 word narrative that describes your experience in 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
- Relations between formal and informal controls
- Techniques for evaluating controls
- Control documentation techniques
- Control design and application

Total Number Months of Professional Experience: _____

100 word narrative that describes your experience in this domain:

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 Months of Professional Experience: _____

100 word narrative that describes your experience in this domain:

APPLICATION: PAGE 4

Candidate Name: _____

Candidate ID Number: _____

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

Verifier's Name: _____

Verifier's Title / Position: _____

Verifier's Email: _____

Verifier's Telephone: _____

Verifier's IIA Membership ID (N/A if not a member): _____

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: _____ Date: _____

APPLICATION: PAGE 5

Candidate Name: _____

Candidate ID Number: _____

I hereby apply to The IIA for Certification in Risk Management Assurance (CRMA) in accordance with and subject to the procedures and regulations of The IIA. I have read and agree to the conditions set forth in this form, in effect at the time of my application, covering the certification process and continuing education policies. I agree and certify that I have read and will abide by the provisions of the Code of Ethics (as listed in the Candidate handbook, or available online) and accept all conditions of the certification program.

I authorize The IIA to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing.

I hereby agree to hold The IIA, its officers, directors, examiners, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application; the application process; the failure to issue me any certificate.

I understand that my application fee for the CRMA Professional Experience Recognition is non-refundable in the event that my application is not approved.

I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH THE IIA. I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

I understand and agree to the above statement.

Candidates Signature: _____ Date: _____

For Institute Use Only (please complete before sending to IIA Global Certification)

Date Application Received at Institute: _____ Received By: _____

Date Reviewed by Institute: _____ Reviewed By: _____

Institute Recommendation: Approve Deny Date Sent to IIA: _____

Comments / Justification for approval or denial of application:



**The Institute of
Internal Auditors**