



Verification of Government Financial Management Work Experience

This form or a photocopy of this form must be used to verify that a CGFM candidate has completed at least two years of full-time, professional-level experience in government financial management or its equivalent. Please do not submit this form with less than two years of government financial management experience.

The experience requirement is not necessary to sit for the examinations; however, this form must be submitted before the designation can be granted.

The following information must be completed and verified by the candidate's supervisor or another appropriate verifier.

CGFM CANDIDATE:

Full name _____

Current title and employer _____

PERSON VERIFYING EXPERIENCE:

Full name _____

Employer _____

Position/Title _____

Phone _____

E-mail _____

I am (check all that apply):

- CGFM
- Candidate's supervisor (current or prior)
- Other (explain) _____

The following information about the candidate should be listed in chronological order, with the most recent position listed first. Please provide enough details to describe the candidate's duties and responsibilities. (Attach additional pages if necessary.)

Position/Title _____

Employer _____

Dates employed: From (mo./yr.) _____

To (mo./yr.) _____

Was 100 percent of time devoted to government financial management?

- Yes
- No (if no, indicate percentage of time: _____%)

Was it a full-time position?

- Yes
- No (if no, indicate how many hours or what percentage was full time: _____%)

Description of duties: _____

Position/Title _____

Employer _____

Dates employed: From (mo./yr.) _____

To (mo./yr.) _____

Was 100 percent of time devoted to government financial management?

- Yes
- No (if no, indicate percentage of time: _____%)

Was it a full-time position?

- Yes
- No (if no, indicate how many hours or what percentage was full time: _____%)

Description of duties: _____

I verify that the candidate listed above has completed at least two years of professional-level government financial management experience as described above.

Verifier's signature _____

Date _____

Please mail the completed form to:

AGA
2208 Mount Vernon Avenue
Alexandria, VA 22301-1314

Or fax to: 703.562.0361

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Accountability

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