

CCSA FACILITATION VALIDATION 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 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: _____

INFORMATION ABOUT VERIFIER

I am (check all that apply):

- A CCSA (Certification in Control Self-Assessment)
- A CIA (Certified Internal Auditor)
- A CGAP (Certified Government Auditing Professional)
- A CFSA (Certified Financial Services Auditor)
- 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 clients 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. 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.

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

VALIDATION OF FACILITATION TRAINING FOR CCSA CANDIDATE

This form or a photocopy of this form should be used to verify completion of appropriate facilitation training by a CCSA candidate. The following information should be completed and verified by the CCSA candidate.

INFORMATION ABOUT CANDIDATE

Candidate's ID Number: _____
Last Name: _____
First Name: _____ Middle Initial: _____
Candidate's Organization: _____

TRAINING CRITERIA

Appropriate courses must include all of the following:

- Facilitation techniques, including methods to encourage participation, probe for information, and keep discussions on topic.
- Conflict-resolution techniques, including techniques for handling difficult participant types.
- Consensus-building techniques.
- Group dynamics and/or group decision-making.
- Workshop planning.
- Facilitation exercise, including group assessment/feedback to participant.

TRAINING ATTENDED

Name of Course: _____

Basic Course Description: _____

Course Provider: _____

Name of Instructor(s): _____

Course Date(s): _____

Total Time (Hours) in Course (Minimum 14 hours): _____

STATEMENT OF VERIFICATION

I verify that the information provided above is correct and that the submitted course meets the criteria listed above for appropriate courses.

Candidate's Signature: _____

Date: _____

REQUIRED INFORMATION

Please attach proof of course completion. If the course is not one of the courses pre-approved by The IIA, please attach a course description and/or agenda along with contact information for the course provider. (See www.globaliia.org/training for pre-approved courses.)