

CMA/CFM Experience Requirement

CONGRATULATIONS ON COMPLETING THE CMA/CFM EXAMINATION!

The final step to receiving the CMA or CFM Certificate is meeting the ICMA experience requirement. The enclosed form will be used by the ICMA to determine if you have met the experience requirement so your Certificate can be issued or to establish the date at which you expect to complete the experience requirement. On a sample basis, the information provided on this form will be verified by the ICMA; you will be notified if your form has been selected for verification. The accounting experience required for CMA and CFM certification is described below.

In addition to fulfilling the experience requirement, all candidates for certification must be IMA members in good standing and must be in compliance with the ICMA continuing education requirements.

Description of CMA/CFM Experience Requirements

Candidates for the CMA or CFM must complete two continuous years of professional experience in management accounting or financial management. This requirement may be completed prior to or within seven years of passing the CMA/CFM Examination. Professional experience is expected to be gained in full-time employment. However, continuous part-time positions of 20 hours per week meeting the definition of qualified experience will count toward this requirement at a rate of one year of experience for every two years of part-time employment.

Qualifying experience is obtained in positions which require regularly made judgments employing the principles of management accounting and financial management. For example, such employment includes financial analysis; budget preparation; management information systems analysis; management accounting and auditing in government, finance, or industry; management consulting; auditing in public accounting; and full-time college level teaching.

Employment requiring the occasional application of management accounting principles such as in computer operations, sales and marketing, manufacturing, engineering, personnel, and general management will not satisfy this requirement. Similarly, trainee, internship, clerical, or non-technical positions do not provide appropriate experience to fulfill this requirement.

FACULTY MEMBERS Teaching qualifies as related professional experience for the CMA Program when it is full-time and when at least 60% of the course load taught is corporate financial management or accounting above the principles level over a two-year period or 40% over a three-year period. Teaching at the same university or college at which a candidate is enrolled does not qualify as related professional experience.

Return the Following Forms

Any non-teaching employment experience should be listed on the attached Confirmation of CMA/CFM Experience Requirement Form. Teaching experience should be described on the enclosed Faculty Experience Worksheet; if you need this worksheet and one is not enclosed, please call the ICMA.

If you believe that you meet the experience requirement, please provide the requested information in the spaces provided. If you have held more than one position at any of the employers listed, please list each position separately. If you have many years of experience, please list only the past three years. If you have questions regarding whether or not or not certain experience qualifies, please contact the ICMA. Please provide all information requested. Complete dates of employment are necessary to verify length of employment.

For candidates who have completed the CMA Examination but have not yet attained the required experience, please indicate the month and year you expect to complete the requirement. The ICMA will contact you at that time to obtain current experience information.

Please complete the Confirmation of CMA/CFM Experience Requirement Form promptly, being sure to sign it. Return this form to the ICMA, along with the Faculty Experience Worksheet if appropriate, in the enclosed envelope.

Confirmation of CMA/CFM Experience Requirement

Name _____ IMA # _____

I have not yet completed the CMA/CFM experience requirement: however, I expect to complete the experience requirement during (month) _____ (year) _____

I believe I meet the CMA/CFM 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 & Complete Mailing Address of Employer & Person to Contact to Verify Experience</i>
From: _____ To: _____ No. of Months <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 10px;"></div>	Job Title: _____ Description: 	_____ _____ _____ Contact: _____ Phone # () _____ e-mail: _____
From: _____ To: _____ No. of Months <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 10px;"></div>	Job Title: _____ Description: 	_____ _____ _____ 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 & Complete Mailing Address of Employer & Person to Contact to Verify Experience</i>
From: To: No. of Months <input data-bbox="110 604 277 680" type="text"/>	Job Title: _____ Description: 	_____ _____ _____ Contact: _____ Phone # () _____ e-mail: _____
From: To: No. of Months <input data-bbox="110 1150 277 1226" type="text"/>	Job Title: _____ Description: 	_____ _____ _____ Contact: _____ Phone # () _____ e-mail: _____

In the box below, please clearly **PRINT** your name as you would like it to appear on your certificate.

I declare and affirm that the foregoing statements are true, complete, and correct; and I agree to comply with the Standards of Ethical Conduct for Members. I understand that the ICMA may contact the referenced employers as appropriate and hereby authorize the investigation of all statements contained herein.

Signature _____ Date _____

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