



Professional Designation Program

CANDIDATE EXPERIENCE RECORD

Applicants/Candidates: Use the following form to demonstrate how your professional experience meets the [experience qualification](#) of the designation you are seeking. Beginning with your present position, list professional positions in order. If your position or duties with an employer have changed, list and describe each position separately. You may attach job descriptions or a resume in lieu of summarizing the duties of each position.

Complete as many forms as needed to demonstrate the qualification. Your experience must be attested to by a professional familiar with your experience.

Attestors: You may attest to a candidate's experience with a former employer. We understand you will not have first-hand knowledge of their duties but assume these were considered when your office hired the candidate and are the same as presented here.

Employer/ Jurisdiction:		
Title:		
Dates of Employment: FROM:		TO:
Full-Time or Part-Time (if part-time, specify %):		
Percentage of work time devoted in each experience category (sum may exceed 100%):	Real Property Appraisal— Residential	%
	Real Property Appraisal— Income-Producing	%
	Personal Property— Appraisal/System Admin	%
	Assessment Administration / Assessment Field	%
	Mass Appraisal	%
	Cadastral Mapping	%
Summary of duties for the time worked in this position:		
Remarks:		

Employer/ Jurisdiction:		
Title:		
Dates of Employment: FROM:		TO:
Full-Time or Part-Time (if part-time, specify %):		
Percentage of work time devoted in each experience category (sum may exceed 100%):	Real Property Appraisal— Residential	%
	Real Property Appraisal— Income-Producing	%
	Personal Property— Appraisal/System Admin	%
	Assessment Administration / Assessment Field	%
	Mass Appraisal	%
	Cadastral Mapping	%
Summary of duties for the time worked in this position:		
Remarks:		

I certify that the information provided herein is true, correct, and complete.

Candidate Name (Typed/Printed)	Candidacy ID Number
Candidate Signature	Date
Attester Name (Typed/Printed)	
Attester Signature	Date
Attester Relationship to Candidate	<input type="checkbox"/> Check if Attester is an IAAO Member IAAO Members are bound by the IAAO Code of Ethics

DOWNLOAD this form to your computer, complete, and
upload upon application or email to designations@iaao.org.