



Professional Designation Program

CANDIDATE EXPERIENCE RECORD

Instructions: Beginning with your present position, list professional positions in order. If your position or duties with an employer have changed, list positions separately and describe specific duties of each. You may attach job descriptions or a resume to describe duties. Complete as many forms as needed. Your experience must be attested to by a professional familiar with your experience in the space provided.

Employer/ Jurisdiction :		
Title:		
Dates of employment:		
Full-time or part-time (if part-time, list %):		
Percentage of work time devoted to appraisal, assessment or mapping:	Staff Appraiser	%
	Review Appraiser	%
	Administration	%
	Cadastral Mapping	%
Specific Duties:		
Remarks:		

Employer/ Jurisdiction :		
Title:		
Dates of employment:		
Full-time or part-time (if part-time, list %):		
Percentage of work time devoted to appraisal, assessment or mapping:	Staff Appraiser	%
	Review Appraiser	%
	Administration	%
	Cadastral Mapping	%
Specific Duties:		
Remarks:		

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

Signature

Attestor Signature

Date

Date

File #

**DOWNLOAD this form to your computer, complete form
and email completed form to designations@iaao.org.**

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