

**CPIA® Examination Work Experience Verification Supplemental Form**

**This form is to be completed by the applicant,  
and included with their CPIA® Exam Application and CV/resume**

Candidate Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Percentage of work time dedicated to IACUC administration duties \_\_\_\_\_ %

**Please describe the IACUC administration-related duties for which you are responsible:  
(Not all duties need to be described)**

Describe how you manage the workflow for the IACUC protocol review process, from submission to approval, or communicate the IACUC's review of the protocol.

Describe how you manage the facility inspection and program review processes.

*If your eligible experience is from more than one position, please fill out separate forms for each job.*

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Describe your role in the management of continuing IACUC oversight of animal activities and the investigation of animal welfare concerns and/or noncompliance.

Describe your responsibility in the development, management, and implementation of IACUC policies, procedures, and guidelines.

Describe your responsibilities with regard to the regulatory/accreditation processes (e.g., AAALAC, DOD, OLAW/PHS, USDA, VA)

*If your eligible experience is from more than one position, please fill out separate forms for each job.*

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Describe your role in the development and management of training programs regarding IACUC functions and animal care and use regulations/guidelines

Describe your responsibilities in providing administrative support for IACUC committee functions

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I certify that I meet the eligibility requirements to take the examination for certification as a Certified Professional in IACUC Administration. My IACUC experience does not primarily consist of participation as an IACUC member, as an attending veterinarian, or as an institutional official. I also certify that I have read the CPIA® Handbook for Candidates and that the information I have given in this application is in accordance with the Handbook instructions, and is accurate, correct and complete.

Candidate Name (Print): \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approval of Work Experience**

By signing, I certify that I have reviewed the application, and to the best of my knowledge, the listed experience is correct and complete.

**Please select one:**    I am a direct supervisor    I am a human resources employee    I am a CPIA sponsor

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

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