



Certified Investments and Derivatives Auditor

CIDA Candidate Application Form

Name: _____
Last Name First Name Middle Name or Initial

Organization: _____

Title: _____ Country: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone Number : _____ Fax Number : _____

E-MAIL: _____

Industry: _____ Job Level: _____

Mother's Maiden Name: _____ Date of Birth: _____

Education:

Highest degree attained: _____ Year Awarded: _____

Location degree attained: _____

Certifications:

- CIA
- CISA
- CCSA
- CGAP
- CPA, CA
- OTHER

Audit Experience:

- None
- Less Than 1 Year
- 1 Year but Less Than 2 Years
- 2-4 years
- More Than 4 years

Investment Auditing Experience:

- None
- Less Than 1 Year
- 1 Year but Less Than 2 Years
- 2-4 years
- More Than 4 years



Special Conditions:

Please include a separate letter stating what type of special accommodations you require.

Investment Training and Consulting Institute, Inc.

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