



ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS  
ASSOCIATION DES PROFESSIONNELS DE L'ADMINISTRATION

**Experience Verification Form**

**Applicant's Name** \_\_\_\_\_

**Verifying Professional's Contact Information**

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Email \_\_\_\_\_

In accordance with the requirements of the Qualified Administrative Assistant (QAA) Program, offered through the Association of Administrative Professionals, members who wish to obtain the QAA certificate and designation must **possess at least two years of administrative experience**, which must be verified by someone in a management position, either with a current or previous employer.

The undersigned verifies that the QAA candidate possesses a minimum of two years' experience as an administrative professional.

\_\_\_\_\_  
Verifier Name (please print)

\_\_\_\_\_  
Verifier Signature

\_\_\_\_\_  
Date