

PROFESSIONAL AFFIDAVIT OF WORK EXPERIENCE FOR CWFI APPLICATION

To meet the requirements to sit for the exam, you must have <u>two years of experience</u> in the field of public assistance program integrity work. There are three types of investigations that you may use as the basis to qualify:

- **ADH** Welfare fraud investigations that are referred to an administrative disqualification hearing officer without further investigation by another person.
- **FPI** Welfare fraud investigations referred by an eligibility worker prior to a person being certified for benefits. You must have been assigned to a group or unit responsible solely for performing this function.
- **PROS** Welfare fraud investigations that are referred to a prosecuting attorney without further investigation by another person.

QUALIFYING EXPERIENCE

List your qualifying experience below and on the following page, beginning with your <u>current</u> or <u>most recent</u> experience:

| Position Title: | | |
|---|-----------------------------|--|
| Department/Agency: | | |
| Supervisor's Name: | Inclusive Dates (MM/YY): to | |
| Full time position: \square Yes \square No (If No, number of hours/wk:) | | |
| In this position did you primarily \square conduct investigations or \square supervise? | | |
| Complete one or both of the following statement(s) pertaining to this position: | | |
| "I personally conducted ADH, FPI, and/or PROS investigations" | | |
| "I supervised investigators who conducted qualifying investigations annually" | | |
| | | |
| Position Title: | | |
| Department/Agency: | | |
| Supervisor's Name: | Inclusive Dates (MM/YY): to | |
| Full time position: \square Yes \square No (If No, number of hours/wk:) | | |
| In this position did you primarily \square conduct investigations or \square supervise? | | |
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| AUTHENTICATION This section must be signed by someone in a position of authority, other than the applicant, who can attest that documents are on file that verify the applicant's education and work experience. "I, the undersigned, have reviewed the information provided by the applicant and certify that, to the best of my knowledge, the information is correct and supported by documents on file with this agency." | | |
| Signature: | Date: | |
| Printed Name: | Title: | |
| Agency: | | |
| Email: | Phone: | |