



Verification of Financial Management Experience (VFME)



SEND TO certification@asmconline.org
--DO NOT ATTACH SUPPORTING DOCUMENTATION--

PLEASE PRINT CLEARLY TO AVOID PROCESSING DELAYS

CDFM Candidate's Section

Candidate's ASMC ID _____
Candidate's Name _____
Candidate's Address _____
Candidate's Signature _____ Date _____

Financial Management Experience Requirement for CDFM Eligibility

- **Associate degree or higher:** 2 years in DoD-related or 4 years in Federal Government-related position
- **High school diploma or equivalent:** 3 years in DoD-related position

Candidate's Position Title _____
Dates of Employment (MM/YY – MM/YY) _____
Brief Description of Duties _____

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Dates of Employment (MM/YY – MM/YY) _____
Brief Description of Duties _____

Supervisor's Section

Supervisor's Name _____
Supervisor's Title _____
Supervisor's Phone _____ Email _____
My signature below indicates that I have confirmed the accuracy of the candidate's employment experience listed above.
Supervisor's Signature _____ Date _____