IACVA CVA (Submission Required)
RECERTIFICATION REPORTING FORM - 2011

IACVA
INTERNATIONAL ASSOCIATION of Consultants, Valuators and Analysts

REQUIRED: YOU MUST RETURN THIS FORM TO IACVA BY JANUARY 31, 2012.
Please print information below.

Name: _____ IACVA Member Number: _____

Name of Firm/Company: _____

Address (Include mail stop if applicable): _____

City: _____ State/Prov.: _____ Country: _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

- Recertification requirements **must be completed** every three years. Your reporting cycle begins on the first day of the year you were credentialed. This form is for CVA's who were credentialed in 2008. ***Failure to comply will result in loss of your CVA credential.***
- Reporting Due Date for Recertification is January 31, 2012, and is required by all credentialed members, e.g., instructors, board members, graders, committee members, etc., ***no one is exempt***.
- The tri-annual fee for this service is **$250**.

Please follow carefully and complete the information below:

The three-year Reporting Cycle for which you are reporting is: January 1, 2008 to December 31, 2011.

	Fee Determination
Administration and Processing Fee for Recertification *(all credentialed members must pay this fee)*.....	**$250**

I. CONTINUING PROFESSIONAL EDUCATION (CPE)

Each CVA is **required to obtain a minimum of 36 hours of CPE** in business valuation, financial litigation support, and financial forensics consulting**. At least 18 of the 36 hours must be Business Valuation and/or Litigation-related.**

Please list all qualifying courses/conferences validating that you meet this requirement. CPE hours for teaching can be counted at 150% of the course hours to allow for preparation time. Count each training course only once. (Attach a separate list or spreadsheet, if necessary.)

Course / Program Title / Sponsor	Training Format *	Date(s) Taken	# CPE Hrs Awarded

* Seminar (S), Conference (C), Self-Study (SS), Other (O) **Total Hours of CPE** _____

(36 hrs CPE required – carryover of excess hours will not be allowed to the next cycle)

II. REACTIVATION FEE: $150 (if you have been on Inactive Status, you must provide a record of at least 36 hours of Continuing education completed in the immediate past 3 year period)..... $_____

TOTAL FEE: Must remit with this Form ..... **$_____**

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III. PAYMENT METHOD:

Charge to: ❑ VISA ❑ MasterCard ❑ Wire (you must pay the wire fee, if any)

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____ State/Prov.: _____ Country: _____ Postal Code: _____

Authorized Signature: _____

Wire transfer information. If you wire the remittance, please use the following information -

Destination Bank:	Wachovia Bank, N.A., New York,
	SWIFT Code PNBPUS3NNYC, ABA# 026005092
Beneficiary's Bank:	Bank of Montreal, Int'l Banking H.Q.,
	SWIFT Code BOFMCAM2, CHIPS UID 046440
Beneficiary's Bank Address:	595 Burrard Street, Vancouver, BC V7X1L7
Beneficiary:	International Association of Consultants, Valuators and Analysts
Account No.	00044636966

Attestation: I hereby attest that the information provided above is true and accurate and is evidence of my qualifications to continue to carry and display my CVA credential. I grant IACVA the right to verify any of the information provided upon request and with reasonable advance notice.

Signature†: _____ Date: _____

† *Your signature will authorize IACVA to confirm your recertification and reporting requirements via e-mail and/or fax, if necessary, and authorize IACVA to use either medium for future communication. IACVA will not disclose or share this information with third parties to secure confidentiality.*

THIS FORM CAN BE MAILED, SCANNED, E-MAILED, OR FAXED ALONG WITH THE FEE TO:

IACVA RECERTIFICATION
1411 4th Avenue • Suite 410
Seattle • Washington, USA • 98101

FAX: (206) 623-3200
PHONE: (206) 623-3222

Questions should be directed to info@iacva.org

For Office Use Only

Charter Affiliation: _____ Member # _____

Application Received: _____ (Date) By: _____ (Initials) ☐ fax ☐ mail ☐ e-mail

Entered into Database: _____ (Date) By: _____ (Initials)

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