## ICVS /CFD (Submission Required) RECERTIFICATION REPORTING FORM – 2018



Name:				Member Number: Credential (ICVS/CFD):	
Name of Firm/Company:					
Address (Include mail stop if applicable):				Year Credential Received:	
ity: State/Prov.:		/.:	Country:	Postal Code:	
Tel:					
<ul> <li>Recertification requirements n credentialed. This form is for I</li> </ul>					
<ul> <li>Reporting Due Date for Recert graders, committee members, e</li> </ul>		4, and is requ	ired by all credentialed m	nembers, e.g., ins	structors, board members,
<ul> <li>The tri-annual fee for this servi</li> </ul>	ce is <b>\$250</b> .				
Please follow carefully and comp	lete the information below:				
The three-year Reporting Cycle			•		Fee Determination
Administration and Processing Fee for Recertification (all credentialed members must pay this fee)					<u>\$250</u>
I. CONTINUING PROFESSIO	NAL EDUCATION (CPE)				
Each ICVS is required to support, and financial forer Valuation and/or Litigation	<b>obtain a minimum of 36</b> nsics consulting within three on-related.	hours of CPE e years. At lea	in business valuation, first 18 of the 36 hours me	nancial litigation ust be Business	
Please list all qualifying cours be counted at 150% of the c (Attach a separate list or spr	course hours to allow for p				
Course / Program	n Title / Sponsor	Training Format *	Date(s) Taken	# CPE Hrs <u>Awarded</u>	
* Seminar (S), Conference (C), Se (36 hrs CPE required – car	elf-Study (SS), Other (O) ryover of excess hours will no	t be allowed to th	Total Hours of CPE ne next cycle)		
II. REACTIVATION FEE: \$150 (in Continuing education complete					\$
Continuing education completed in the immediate past 3 year period)					Ψ

## **III. PAYMENT METHOD:**

Please fill out wire instructions with complete information provided below to avoid delay or shortage of remittance. All funds should be sent in U.S. Dollars. Please absorb wire fees and exchange rate differences.

Intermediary Bank:	Wachovia Bank, N.A., New York				
Intermediary Bank SWIFT Code:	PNBPUS3NNYC				
Beneficiary's Bank:	Bank of Montreal, Int'l Banking H.Q. Montreal				
Beneficiary's Bank SWIFT Code:	BOFMCAM2				
Beneficiary's Bank CHIPS UID:	046440				
Beneficiary's Bank Address: 595 But	rrard Street, Vancouver, BC V7X1L7, Canada				
Beneficiary: International As	sociation of Consultants, Valuators and Analysts				
Account#: 00044636-966					
future communication. will not disclose or shar	Date: eccertification and reporting requirements via e-mail and/or fax, if necessary, and authorize to use either medium for this information with third parties to secure confidentiality.  E-MAILED, OR FAXED ALONG WITH THE FEE TO:  Administration Address: Fax: 001- (206) 623-3200 9709 Third Avenue NE, Suite 506 PHONE: 001-(206) 623-3222 Seattle, WA 98115, USA				
Questions should be directed to info1@iacvs.org	For Office Use Only				
Charter Affiliation:	Member #				
Recertification Received: (Date:					
Entered into Database:(Da (Database:(Database):(Database)	te) (Initials) By:				