

## Requirements That Individuals Must Meet to Perform Peer Reviews of Firms in the AICPA Peer Review Program (Program)

### Requirements Applicable to Every Reviewer. A reviewer –

- Must be a member of the AICPA in good standing (that is, AICPA membership in active status).
- Must be licensed to practice as a certified public accountant with a firm enrolled in the Program or the Center for Public Company Audit Firms Peer Review Program (CPCAF PRP).
- Must possess current knowledge of applicable professional standards, including quality control and peer review standards.
- Must have at least five years recent experience in the practice of public accounting in the accounting or auditing function.
- Must be currently active in public practice as a partner<sup>1</sup>, employee, or as a leased or per diem employee at a supervisory level in the accounting or auditing function of a firm that is enrolled in the Program or that is enrolled in the CPCAF PRP (an “enrolled firm”).
- Must be associated as a partner<sup>1</sup>, employee, or as a leased or per diem employee with an enrolled firm that received an unmodified report on the review of its system of quality control or an unmodified report on its engagement review for its most recent peer review, that was accepted within the last three years and six months. If the individual is associated with more than one firm, then each of the firms the individual is associated with should have received an unmodified report on the review of its system of quality control or an unmodified report on its engagement review for its most recent peer review that was accepted within the last three years and six months.
- Must have achieved the level of either (a) partner, or (b) manager or person (including a leased or per diem employee) with equivalent supervisory responsibilities, who has either a continuing responsibility for the overall planning and supervision of engagements for specified clients or authority to determine that an engagement is complete subject to final partner approval.
- Must not have his or her ability to practice accounting or auditing limited or restricted in any way by a regulatory, monitoring or enforcement body.
- Must meet the minimum continuing professional education requirements in subjects relating to accounting and auditing, under Interpretation No. 4 to the *Standards for Performing and Reporting on Peer Reviews*.
- Must have completed a training course or courses that meet requirements under Interpretation No. 3 to the *Standards for Performing and Reporting on Peer Reviews* during the three-year period prior to the commencement of the review when the functions of the reviewer goes beyond reviewing engagements.

### Additional Requirements for System Review Team Captains. A team captain —

- Must be a partner<sup>1</sup> of an enrolled firm that has received an unmodified report on a review of its system of quality control for its accounting and auditing practice for the most recent peer review that was accepted within the last three years and six months. If the individual is associated as a partner with more than one firm, then each of the firms the individual is associated with should have received an unmodified report on a review of its system of quality control for its accounting and auditing practice for its most recent peer review that was accepted within the last three years and six months.

Visit our Web site at <http://www.aicpa.org/members/div/practmon/index.htm>

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<sup>1</sup> Depending on how a CPA firm is legally organized, its partner(s) could have other names such as shareholder, member or proprietor.

# CENTER FOR PUBLIC COMPANY AUDIT FIRMS PEER REVIEW PROGRAM

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## Requirements that Individuals Must Meet to Perform Peer Reviews of Firms in the Center for Public Company Audit Firms Peer Review Program (CPCAF PRP)

### Every team member and team captain –

- Must be a CPA.
- Must be currently active<sup>\*\*</sup> at a supervisory level in the accounting and auditing practice of their firm – for example (a) as a partner or manager (b) in an equivalent supervisory position or (c) as a sole practitioner.
- Must possess current knowledge of applicable professional standards, including knowledge about current rules and regulations (and accounting and financial reporting practices) applicable to the industry for which the engagements are reviewed.
- Must have current experience in the industries of higher-risk engagements and those engagements required to be selected for review.
- Must be associated as an owner or employee with a firm that is enrolled in the CPCAF PRP and whose last peer review report was from the SECPS or CPCAF PRP and was unmodified. If the individual is associated with more than one firm, all of the firms that the individual is associated with must also meet these criteria.

### Also, every team captain –

- Must be a proprietor, partner, or shareholder of their firm.
- Must have attended a peer reviewer's training course that uses AICPA materials and that was conducted within five years or served as a Peer Review Committee member within five years preceding the commencement of the review.

**Note: AICPA Peer Review Program Requirements are on the Previous Page.**

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<sup>\*\*</sup> To be considered currently active, a reviewer should be currently involved in the accounting and auditing practice of a firm, supervising one or more of the firm's accounting and auditing engagements or carrying out a quality control function with respect to the firm's accounting and auditing practice.

## REVIEWER RESUME FORM

1. Applicant's Name

Mr.  Ms.

FIRST

MI

LAST

2. AICPA Member Number \_\_\_\_\_

(Obtain from AICPA Member Card)

3. Firm Name

\_\_\_\_\_  
\_\_\_\_\_

AICPA Firm Number \_\_\_\_\_

4. Mailing Address \_\_\_\_\_

CITY

ST

COUNTY

ZIP CODE

5. E-mail Address \_\_\_\_\_

6. Business Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Facsimile Number (\_\_\_\_\_) \_\_\_\_\_

7. Hourly Billing Rate \$ \_\_\_\_\_

8. Firm's Federal I.D. Number \_\_\_\_\_

9. Association(s) of CPA firms\* that your firm belongs to, or a non-CPA owned entity\*\* with which your firm is closely aligned. (Use codes on pages 6 and 7 or mark 00 if "None" or 99 for another association or non-CPA owned entity that has not been listed) \_\_\_\_\_

If you marked 99, please indicate the name of the association or the non-CPA owned entity.

\_\_\_\_\_

10. If your firm is closely aligned with a non-CPA owned entity, please provide the names of other firms that are also closely aligned with the non-CPA owned entity, for which you performed audits, reviews, compilations, or other attest engagements, or for which you served in a partner/manager level responsibility for the overall supervision or review of such engagements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### QUESTIONS FOR ALL APPLICANTS

\* An association of CPA firms is defined as (1) any association, network, or alliance of accounting firms or (2) two or more firms or a group of firms (whether a formal or informal group) that jointly market or sell services. If the reviewing firm and the reviewed firm belong to the same association of CPA firms, the association must have filed a plan of administration that has been accepted by the AICPA Peer Review Board and/ or the Center for Public Company Audit Firms Peer Review Committee prior to the peer review being scheduled.

\*\* Certain portions of the CPA firm's system of quality control may reside at or operate in conjunction with the system of quality control of a non-CPA owned entity with which the CPA firm is closely aligned through common employment, leasing of employees, equipment, facilities, etc., or other similar arrangements. In this situation, the CPA firm sells all or a portion of its non-attest practice to a non-CPA owned entity. However, the majority of the financial interests in the CPA firm's attest practice is owned by CPAs.

11. Are you currently practicing at a supervisory level in the accounting and/or auditing function of your firm?

Yes  No (if no, please skip to Question 16.)

12. Are you currently practicing as one of the following? (Please check one.)

Partner  Manager or equivalent supervisory position  
 Senior or other staff accountant  Leased and per diem staff<sup>1</sup>

**YES** **NO**

13. Are you currently performing auditing engagements?

14. Please indicate the levels of service in which you are currently active-

- a) Review engagements performed under SSARS ?
- b) Compilation engagements with disclosures performed under SSARS ?
- c) Compilation engagements that omit substantially all disclosures performed under SSARS?
- d) Engagements performed under the SSAEs?

15. How many years experience do you have in public practice in the accounting and/or auditing function? \_\_\_\_\_

16. Do you possess a current license to practice as a certified public accountant?

17. Have you attended a training course on performing peer reviews?

If yes, please check the appropriate box(es) for the course(s) attended and indicate the date and location.

How to Conduct a Review Under the AICPA Practice Monitoring Programs  
(2 days)

Date Attended \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How to Conduct a Review Under the AICPA Practice Monitoring Programs  
(1 day only for engagement or report reviews)

Date Attended \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Advanced Training Course for Reviewers: Current Issues in Practice Monitoring

Date Attended \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

AICPA Peer Review Conference

Date Attended \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4-Hour Course

Revised AICPA Peer Review Standards and Interpretations

Date Attended \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4-Hour Course

AICPA Peer Review Program Standards: Practical Guidance for Selected Topics

Date Attended \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**YES** **NO**

18. Are you willing to perform engagement and/or report reviews?

<sup>1</sup> Leased and per diem staff are those professionals who devote at least 25% of their time in performing audits, reviews, compilations, or other attest engagements, or those professionals who have the partner/manager level responsibility for the overall supervision or review of such engagements.

19. Please indicate if you own or have access to an **up-to-date**:
- a. SECPS Reference Manual
  - b. SEC Practice Section Peer Review Program Manual
  - c. AICPA Peer Review Program Manual

20. Have you met the minimum CPE requirements for peer reviewers under Interpretation No.4 to the *Standards for Performing and Reporting on Peer Reviews* for the *AICPA Peer Review Program*?

21. Has your ability to practice accounting and auditing been limited or restricted in any way by a regulatory, monitoring, or enforcement body (e.g., SEC, GAO, DOL, State Board of Accountancy, AICPA Professional Ethics, and AICPA Joint Trial Board)?

If yes, specify body and explain.

\_\_\_\_\_

\_\_\_\_\_

22. Has your firm or the office of the firm with which you are associated had its ability to practice accounting and auditing limited or restricted in any way by a regulatory, monitoring, or enforcement body?

If yes, specify body and explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Have any firms that you are associated with sold a portion of its non-attest practice to a non-CPA owned entity and/or entered into a service arrangement for staff, office facilities, equipment, etc. with the non-CPA owned entity?

If yes, please provide the name of the non-CPA owned entity with whom such arrangements have been entered, the date the agreements were entered into, the details of such agreements, and what services within the practice were sold.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Are you affiliated with more than one firm?    
If yes, please provide firm name(s) and firm number(s).

Firm Name: \_\_\_\_\_

Firm Number : \_\_\_\_\_

25. Please indicate on page 5 all of the practice areas and industries in which you have sufficient knowledge to be qualified as a reviewer.

26. If practice area 5 on page 5 is checked, have you met the Yellow Book CPE requirements?

\* \* \* \* \*

*If hired to perform a review under one of the AICPA practice-monitoring programs, I agree to perform and report on that review in accordance with the applicable program's standards and to cooperate fully with the entity administering the review in all matters related to the review. I agree not to conduct any review until the arrangements for the review have been approved by the administering entity. I also agree to ensure that I have access to the applicable program's manual if I should serve as the team captain on a review.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## AREAS OF AUDIT EXPERIENCE

Reviewers must have at least five years of recent experience in the practice of public accounting. A reviewer should be cautious of those high-risk industries or industries in which new standards have been implemented. In those cases in which new industry standards or practices have occurred in the most recent year, it may be necessary to have "current" practice experience in that industry in order to have "recent" practice. If you have not performed an engagement in an industry in recent years, you should carefully consider your ability to detect engagement deficiencies in that industry before agreeing to perform a peer review of a firm with a client(s) in that industry. Please indicate below all of the practice areas and industries in which you have audit experience by checking the box under the appropriate Experience Code, being sure to include Practice Area 9 (if applicable).

PRACTICE AREAS	EXPERIENCE CODE* (check one only)			INDUSTRIES (continued)	EXPERIENCE CODE* (check one only)		
	A	B	C		A	B	C
1 SEC Rules & Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240 Life Insurance Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Reviews and Compilations (SSARS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250 Mortgage Banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Prospective Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	260 Not-for-Profit Organizations <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Audits Under Government Auditing Standards (Yellow Book) (Excluding Single Audit Act A-133 Engagements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	268 Personal Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Single Audit Act (A-133) Engagements Under Government Auditing Standards (Yellow Book)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	295 Real Estate Investment Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Audits of Federally Insured Depository Institutions (with \$500 million or greater in total assets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	300 Reinsurance Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Other Bank Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	308 Rural Utilities Service Borrowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Other Audits Under Statements on Auditing Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	310 Savings and Loan Associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Audits of Employee Benefit Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	320 School Districts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Attest Services (Excludes Prospective Financial Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	325 State and Local Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Audits of Non-SEC Registrants under PCAOB Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	330 Telephone Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				335 Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				380 Defined Contribution Plans Full Scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				385 Defined Contribution Plans Ltd. Scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				390 Defined Benefit Plans Full Scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				395 Defined Benefit Plans Ltd. Scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				400 ERISA Health & Welfare Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				405 Other ERISA Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				410 Other Employee Benefit Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				420 Entities Covered Under Single Audit A-133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INDUSTRIES</b> <b>(Indicate Auditing Experience ONLY)</b>							
110 Agricultural, Livestock, Forestry & Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
115 Airlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
125 Banking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
126 FDIC Banking <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
135 Brokers and Dealers in Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
140 Brokers and Dealers in Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
155 Common Interest Realty Associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
165 Construction Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
175 Credit Unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
180 Extractive Industries - Oil and Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
185 Extractive Industries - Mining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
186 Federal Financial Assistance Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
190 Finance Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
200 Property and Casualty Insurance Companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
205 Government Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
210 Health Maintenance Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
216 Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
217 Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
222 HUD Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
230 Investment Companies and Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**\* EXPERIENCE CODES**

A – Currently (presently involved) in supervising or performing engagements; or carrying out all the quality control functions on engagements (including review of related engagements as part of the firm’s monitoring or inspection process)

B – Recently (within 5 years) supervising or performing engagements

C – Supervising or performing certain components (but not all) of quality control functions on engagements

**PLEASE RETURN THE COMPLETED FORM TO:**  
 American Institute of CPAs  
 Peer Review Program  
 Palladian I Corporate Center  
 220 Leigh Farm Rd  
 Durham, NC 27707-8110  
 (919)-402-4502 /919-402-4500

<sup>1</sup> Federally Insured Depository Institutions having total assets of \$500 million or greater at the beginning of its fiscal year  
<sup>2</sup> Including Voluntary Health and Welfare Organizations

## ASSOCIATION CODES

<b>0067</b>	AG	AG Exchange	<b>0016</b>	IGAF	The International Group of Accounting Firms
<b>0010</b>	CACAF	AGN International North America	<b>0041</b>	JHI	JHI Association
<b>0044</b>	APA	The Alliance of Practicing CPAs	<b>0042</b>	KRE	Kreston International
<b>0068</b>	ALL	Alliott Group	<b>0060</b>	KSI	KSI International
<b>0055</b>	AAHC	American Assoc. Of Hispanics CPAs	<b>0065</b>	LEA	Leading Ed
<b>0056</b>	ATAC	Apparel and Textile Accountants & Consultants	<b>0017</b>	LSMG	Lone Star Management Group
<b>0006</b>	ARAF	Associated Regional Accounting Firm (d/b/a PKF North American Network)	<b>0058</b>	MSIN	MSI Legal & Accounting Network Worldwide
<b>0057</b>	ATA	Auto Team America	<b>0036</b>	MSI	MGI North America
<b>0049</b>	BDOA	The BDO Seidman Alliance	<b>0018</b>	MACPA	Montana Association of CPAs
<b>0020</b>	BKRI	BKR International	<b>0029</b>	MRI	Moores Rowland International
<b>0066</b>	BR	BR International	<b>0045</b>	MSNA	Moore Stephens North American, Inc.
<b>0031</b>	SIA	Baker Tilley International	<b>0054</b>	MORN	Morning Star
<b>0030</b>	CORP	CORPACCT CPA Affiliates	<b>0019</b>	NACF	NACPAF
<b>0027</b>	CPAAV	CPA Affiliates of Virginia, Ltd.	<b>0007</b>	ABCF	National Association of Black CPA Firms
<b>0001</b>	AFAI	CPA America International	<b>0021</b>	NCCPAP	National Conference of CPA Practitioners
<b>0011</b>	CPAA	CPA Associates International, Inc.	<b>0051</b>	MAN	The Network
<b>0071</b>	CPACON	CPA Connect	<b>0028</b>	NETA	Network of Accountants
<b>0013</b>	CPAMS	CPA Management Systems, Inc. t/a InPACT Americas	<b>0039</b>	NI	NEXIA International
<b>0012</b>	CPAN	CPA Network	<b>0032</b>	NRI	NR International
<b>0047</b>	TCN	The CPA Network	<b>0050</b>	PKF	Pannell Kerr Forster
<b>0046</b>	PEN	CPASNET.COM	<b>0015</b>	IAI	Polaris IA International
<b>0063</b>	CCB	Crowe Cherry Bekaert	<b>0073</b>	PREM	Premier International Assoc
<b>0014</b>	DFK	DFK International, USA	<b>0043</b>	MCN	RSM McGladrey Network
<b>0059</b>	ENT	Enterprise Network	<b>0070</b>	RUCK	The Ruck Network, Inc.
<b>0053</b>	FCG	The Florida CPA Group	<b>0074</b>	RUSBED	Russell Bedford International
<b>0033</b>	FAP	Foundation for Accounting Practitioners, Inc.	<b>0002</b>	AGI	SC International
<b>0072</b>	GLOBAL	The Global Alliance	<b>0022</b>	SAAF	Southern Association of Accounting Firms
<b>0037</b>	GMNI	GMN International	<b>0023</b>	SWAG	The Southern & Western Accounting Groups
<b>0035</b>	HLB	HLB International	<b>0024</b>	TMG	Texas Management Group
<b>0038</b>	HIL	Horwath International	<b>0025</b>	VGLCF	The Virginia Group of CPA Firms, Inc.
<b>0016</b>	IAI	IGAF Worldwide	<b>0026</b>	WAAF	Western Association of Accounting Firms
<b>0052</b>	AACF	Integra International Inc.	<b>0099</b>		Other
<b>0064</b>	INAA	International Network of Accountants and Auditors			
<b>0062</b>	INR	Infinet Resources			
<b>0040</b>	IAPA	International Association of Practicing Accountants			

## CODES FOR NON-CPA OWNED ENTITIES\*

<b>1005</b>	AXTBS	American Express Tax and Business Services
<b>1020</b>	CTR	Centerprise Advisors
<b>1010</b>	CBS	Century Business Services
<b>1015</b>	HRB	RSM McGladrey Services
<b>1025</b>	VESTIN	Vestin Group Inc

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\* Certain portions of the CPA firm's system of quality control may reside at or operate in conjunction with the system of quality control of a non-CPA owned entity with which the CPA firm is closely aligned through common employment, leasing of employees, equipment, facilities, etc., or other similar arrangements. In this situation, the CPA firm sells all or a portion of its non-attest practice to a non-CPA owned entity. However, the majority of the financial interests in the CPA firm's attest practice is owned by CPAs.

# REVIEWING FIRM INTEREST FORM



If one or more of the branches of your firm is interested in performing peer reviews of other firms enrolled in an Institute-approved practice-monitoring program, please provide the following information for each branch that wishes to be included in the AICPA reviewing firm data bank. Feel free to make as many copies of this form as needed. The information included on this form will be provided to other firms, who request the names of firms located in a particular geographic area, that are interested in performing reviews.

1. Firm Number \_\_\_\_\_ Branch Number \_\_\_\_\_

2. Firm Name \_\_\_\_\_  
\_\_\_\_\_

3. Branch Address \_\_\_\_\_

CITY STATE COUNTY ZIP CODE

4. Person to contact at the branch regarding reviews:

Mr.  Ms.

FIRST

MI

LAST

Telephone Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. Please indicate if the branch is willing to perform peer reviews of firms in the:

**YES**

**NO**

a. Center for Public Company Audit Firms Peer Review Program

b. AICPA Peer Review Program

7. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**  
American Institute of Certified Public Accountants  
Peer Review Program  
Palladian I Corporate Center  
220 Leigh Farm Rd  
Durham, NC 27707-8110