

MENTOR APPROVAL REQUEST

Mentor Approval Request

I request approval from the AICPA Peer Review Board to act as a Peer Review Mentor.

Name _____ Member # _____

Firm Name _____

Signature _____ Date _____

NOTE: In evaluating this application, AICPA Staff will obtain relevant information from administering entities and the Peer Review Information System Manager (PRISM).

Please return this Mentor Approval Request to the attention of Carl Mayes:

Peer Review Program
American Institute of Certified Public Accountants
220 Leigh Farm Rd Durham, NC 27707
Tel. (919) 402-4955
Fax (919) 419-5249