

This application can be completed while opened on your desktop and then emailed, printed and/or faxed.
All applicants must be Regular AICPA members in good standing.

APPLICANT PROFILE

HOME BUSINESS

Member name _____ AICPA membership No. _____

Firm or organization _____

Address _____ City _____

State _____ ZIP _____

Telephone _____ Fax No. _____

Email address _____

Mail application and payment to:
ATTN: Member Service
ABV credential
AICPA
220 Leigh Farm Road
Durham, NC 27707
 Or fax to: 800.362.5066

Please check here if you do **NOT** want your information to appear in the ABV referral database (findanABV.com).

APPLICANT QUALIFICATIONS

As part of the application process, a ABV reinstatement candidate must submit 1) a completed application, and 2) payment for the reinstatement and application fee of \$480.

Check all boxes that apply:

CPA License/Certificate — I hold a valid and unrevoked CPA license or certificate issued by a legally constituted state authority.

Qualifying Education — I have at least 20 hours of ABV-related* CPE in the last year.
 (*Review the ABV Content Specification Outline found at aicpa.org/ABV for topics in the ABV Body of Knowledge)

Since you have held this credential in the past, you do not need to re-qualify for the Examination and Experience requirements of the credential.

DECLARATION OF INTENT

Please read and indicate agreement below.

DECLARATION

I hereby affirm that my statements given in the ABV Reinstatement Application (and any attachments and additional information I have provided) are true and complete to the best of my knowledge and freely given. I understand that any misrepresentation or omission of facts therein is cause for denial or revocation of the right to use the ABV credential and logo. If so requested by the AICPA, I will furnish all additional information or documentation as deemed necessary for the verification of the information given here.

MAINTENANCE OF CREDENTIAL

To maintain the ABV credential, credential holders must pay annual dues and must comply with the following requirements:

- 1) Maintain membership in good standing in the AICPA.
- 2) Hold a valid and un-revoked CPA certificate issued by a legally constituted state authority.
- 3) Recertify annually. Recertification currently requires that ABV credential holders complete 20 hours of continuing professional development (CPD) within the credential body of knowledge annually: a) CPD may include structured learning activities approved by NASBA or a legally constituted state authority, or other professional body; or unstructured learning activities as outlined by the AICPA b) Unstructured learning activities may constitute up to 50% (10 hours annually) of a credential holder's CPD to meet credential renewal requirements.

AGREEMENT

- 1) I understand that I may not use the ABV credential or hold myself out as a ABV until I have received official notification of my ABV certification from the AICPA.

- 2) I hereby authorize investigation of all information I provided in the ABV Reinstatement Application.
- 3) I understand that if I fail to comply with the maintenance of credential requirements, I am required to and I agree to cease use of the ABV credential immediately, and understand that in order to regain ABV certification, the requirements on the ABV Reinstatement Application must be met again.
- 4) I understand that the recertification requirements noted under Maintenance of the credential are subject to change as deemed appropriate by the AICPA and the ABV credential.
- 5) I further understand and agree that the AICPA has the absolute and unrestricted right to revoke any rights I have to use the ABV credential if I fail to hold a valid and un-revoked CPA certificate issued by a legally constituted state authority and maintain membership in good standing in the AICPA.
- 6) In consideration of the ABV certification granted hereby, I further agree that neither the AICPA, its officers, directors, employees, or others acting on its behalf, shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, and I hereby release the AICPA and the other persons identified above from any liability for such actions or omissions.
- 7) I affirm that I have read carefully, understand, and agree to the items set forth in the Declaration of Intent. I further certify that I understand that a percentage of ABV applications will be randomly selected for further review and that, if selected, I will be required to provide detailed documentation (including specifics of Licensure and Education) to support the assertions of the application. Failure to provide documentation will be considered as non-compliance with the requirements for maintenance of the ABV credential.

Signature _____ Date _____

Inserting your name here electronically will serve as a valid representation of your signature and will be considered binding.

PAYMENT INFORMATION

The reinstatement fee of \$100 and application fee for the ABV credential is due upon application submission. Please indicate your credential or membership status, as well as your method of payment, below.

Credential or membership status:

Former ABV credential holder \$480

Current FVS Section members \$480*

Current CFF, CITP or PFS \$310
(promo code **MultiCred**)

PROMOTION CODE: _____

*Fees may vary as unused portion of section dues will be credited against your credential fee.

Please find the enclosed check made payable to: **AICPA/ABV credential**
(Please note that you will receive a full refund if your application is not approved)

Please bill my credit card
(Please note that your credit card payment will be processed upon the approval of your application)

Credit card: (Check one) Visa MasterCard Discover
 American Express Diners Club

Card number _____ Expiration date _____

Billing address (if different from address above):

City _____ State _____ ZIP _____

Print name of credit card holder _____

Sign name _____

Application and payment can be mailed to:

ATTN: Member Service
AICPA ABV credential
AICPA
220 Leigh Farm Road
Durham, NC 27707

Or faxed to: **800.362.5066**

Please note: Acceptance of payment does not signify approval of your application. Upon approval of your application, you will receive a welcome email advising you of your authorization to use the ABV credential.

Email: **ABV@aicpa.org**

Call: **888.777.7077** (M-F 9am–6pm ET)

