

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**  
**CFF credential**  
**AICPA**  
**220 Leigh Farm Rd**  
**Durham, NC 27707**  
 Or fax to: 800.362.5066

Please check here if you do **NOT** want your information to appear in the CFF referral database.

## APPLICANT QUALIFICATIONS

As part of the application process, a CFF 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 CFF-related\* CPD in the last year.  
 (\*Review the CFF Content Specification Outline found at [aicpa.org/cff](http://aicpa.org/cff) for topics in the CFF 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 CFF 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 CFF 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.

- 2) I hereby authorize investigation of all information I provided in the CFF 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 CFF credential immediately, and understand that in order to regain CFF certification, the requirements on the CFF 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 CFF 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 CFF 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 CFF 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 CFF 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 CFF credential.

### MAINTENANCE OF CREDENTIAL

To maintain the CFF 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 CFF credential holders complete 20 hours of continuing professional development (CPD) within the credential body of knowledge annually:
  - 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
  - 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 CFF credential or hold myself out as a CFF until I have received official notification of my CFF certification from the AICPA.

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 CFF 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 CFF credential Holder \$480

Current FVS Section Members \$480\*

Current ABV, 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/CFF 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 \_\_\_\_\_

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**ATTN: Member Service**  
**AICPA CFF credential**  
**American Institute of CPAs**  
**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 kit advising you of your authorization to use the CFF credential.**

Email: [cff@aicpa.org](mailto:cff@aicpa.org)

Call: 888.777.7077 (M-F 9am–6pm ET)

