



ACCREDITED IN BUSINESS VALUATION CREDENTIAL APPLICATION FORM

This application can be completed while opened on your desktop and then printed and/or faxed

APPLICANT PROFILE HOME BUSINESS

Applicant Name: _____ AICPA Membership No. _____

Firm or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax No. () _____ E-mail Address: _____

Application can be mailed to:
**ABV Credential
 AICPA
 220 Leigh Farm Rd
 Durham, NC 27707**
 Or faxed to: **1-800-362-5066**

APPLICANT QUALIFICATIONS

An ABV candidate must receive a combined score of 100 points from Sections 1 and 2 to qualify for the ABV credential.

Section 1.

Check the box that applies. (Must receive 50 points)

✓	Examination Requirements	Points
<input type="checkbox"/>	I have passed the ABV (8 hour) Exam	
<input type="checkbox"/>	I hold a CVA, CBA or CFA Credential and have passed the ABV I (4 hour) Exam	
<input type="checkbox"/>	I have passed the ASA Exam	
Total for Section 1		<input type="text"/>

Section 2.

Check the box that applies. (Must receive 50 points)

✓	Business Experiences AND Life Long Learning	Points
	# of Engagements or # of Business Hours	Hours of CPE
<input type="checkbox"/>	6 or 150	105.0
<input type="checkbox"/>	7 or 175	97.5
<input type="checkbox"/>	8 or 200	90.0
<input type="checkbox"/>	9 or 225	82.5
<input type="checkbox"/>	10 or 250	75.0
<input type="checkbox"/>	11 or 275	67.5
<input type="checkbox"/>	12 or 300	60.0
<input type="checkbox"/>	13 or 325	52.5
<input type="checkbox"/>	14 or 350	45.0
Total for Section 2		<input type="text"/>

Grand Total of Sections 1 and 2

Questions?

Questions about this application can be e-mailed to abv@aicpa.org or call 1-888-777-7077 (Option 4) followed by (Option 2). Thank you for your application to become an ABV!

DECLARATION AND INTENT (Please read and indicate agreement below)

MAINTENANCE OF CREDENTIAL

To maintain the ABV credential, credential holders must pay annual dues (currently \$350) 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) Recertification currently requires that the credential holder earn a combined total of 60 hours of related continuing education during the three-year period preceding recertification.
- 4) Submit a written statement of intent to continue to comply with all requirements to maintain the credential during the recertification period.

AGREEMENT

- 1) I understand that I may not use the ABV credential or ABV logo or hold myself out as an 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 application.
- 3) I understand that permission to use the ABV credential and ABV logo is granted for a period of three years. At the end of such period, if ABV certification is not renewed, certification expires and any right to use the ABV credential and ABV logo expires.
- 4) 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 and ABV logo immediately and understand that

in order to regain ABV certification all initial requirements, including completion of the ABV application, must be met again.

- 5) I have read the recertification requirements stated here and understand that they are subject to change as deemed appropriate by the AICPA and the ABV Credential.
- 6) 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 and ABV logo 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.
- 7) 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.
- 8) I affirm that I have read carefully, understand and agree to the items set forth in this Statement 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 Business Experience and Life Long Learning) to support the assertions of this application. Failure to provide documentation will be considered as non-compliance with the requirements for maintenance of the ABV Credential.

DECLARATION

I hereby affirm that my statements given in this ABV Application 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 American Institute of Certified Public Accountants ABV Credential Committee, I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here.

Signature _____ Date _____

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