

EXAM CANDIDATE PROFILE

Please indicate whether this is a change to the contact information the AICPA has on record. Yes ___ No ___

Candidate Name: _____ AICPA Membership No. _____

Firm or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax No. () _____ Email Address: _____

Check the box that applies.

<input checked="" type="checkbox"/>	EXAM REGISTRATION
<input type="checkbox"/>	I'd like to register for the ABV (8-hour) exam.
<input type="checkbox"/>	I hold a CVA, CBA or CFA Credential and would like to register for the ABV I (4-hour) exam.

Questions?

- Email ABV@aicpa.org
- Call **888.777.7077** (M-F: 9am – 6pm ET)

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.

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 Committee.
- 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 nor 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 Lifelong Learning) to support the assertions of this application. Failure to provide documentation will be considered non-compliance with the requirements for maintenance of the ABV Credential.

AGREEMENT

- 1) I understand that I may not use the ABV Credential or ABV logo or present myself 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 provide 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

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.

PAYMENT INFORMATION

The registration fee for the ABV Exam is **\$400** and due upon submission. By submitting this completed application, you are acknowledging that you have read and agree to the ABV Exam Registration & Scheduling Terms & Conditions (see aicpa.org/ABVexam). Please select payment method below.

Check — made payable to **AICPA/ABV Exam**

PROMO CODE: _____

Credit card Credit Card: *(check one)* VISA MasterCard Discover American Express

Credit Card Holder's Name: _____

Card Number: _____ **Expiration Date:** _____

Billing Address (If different from address above): _____

City: _____ **State:** _____ **Zip:** _____

Card Holder's Name: _____ **Sign Name:** _____

Application and Payment can be sent by:

MAIL: AICPA ABV Exam Registration
 American Institute of Certified Public Accountants
 220 Leigh Farm Road
 Durham, NC 27707-8110
ATTN: Member Service Center

FAX: 800.362.5066

EMAIL: ABV@aicpa.org

