



Certified in Financial Forensics

APPLICATION FORM

All applicants must be AICPA members in good standing.

APPLICANT PROFILE HOME BUSINESS

Applicant Name: _____ AICPA Membership No. _____

Firm or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Please tell us how you heard about the CFF Credential: _____

Application can be mailed to:
AICPA CFF Credential
American Institute of Certified
Public Accountants
220 Leigh Farm Rd
Durham, NC 27707
ATTN: Member Service Center
Or faxed to: 800.362.5066

APPLICANT QUALIFICATIONS

CFF candidates must accumulate a minimum of 100 points in the sections below to qualify for the CFF Credential.

Business Experience and Lifelong Learning

To qualify for the 100-point requirement, Business Experience and Lifelong Learning must have 1) occurred within the last 10 years and 2) been relevant to one of the following CFF Body of Knowledge areas:

- Bankruptcy & Insolvency
- Computer Forensics
- Economic Damages
- Family Law
- Fraud Investigation
- Litigation Support
- Stakeholder Disputes
- Valuations

1) CPA License

Candidate must hold a valid, unrevoked CPA license and have a minimum of five years of experience in practicing accounting (public or non-public, such as business and industry or government).

CPA license number: _____

Minimum of five years experience ____ Y ____ N

2) Forensic Business Experience

Enter the number of hours over the last 10 years that you have devoted to work related to the Body of Knowledge areas above, and calculate the appropriate points in the Total column.

Every 40 hours is valued at 1 point. A minimum of 1,000 hours (25 points) is required, and a maximum of 2,400 hours (60 points) qualifies.

Calculation		Total
_____	÷ 40 = _____	
Hrs. of Forensic Business Experience	Total points for Forensic Business Experience	

3) Lifelong Learning

Identify all Lifelong Learning activities in which you have participated in the last 10 years. At least 50% must have been obtained within the five years preceding the credential application. Every 3 hours of Lifelong Learning is valued at 1 point. A minimum of 75 hours (25 points) is required and a maximum of 180 hours (60 points) qualifies.

Education in the CFF Body of Knowledge areas may include: completion of continuing education courses; presentation of continuing education; and authoring publications on relevant subjects. More information can be found at aicpa.org/CFF.

Calculation		Total
_____	÷ 3 = _____	
Hrs. of Lifelong Learning	Total points for Lifelong Learning	

4) Qualifying Certifications

Candidates will be awarded 35 points for holding any one of the following credentials. Please check the box next to the credential you currently hold. If at least one box is checked, enter 35 in the Total box. You must submit proof of the credential by providing a copy of your certificate, the certificate number, or an invoice showing payment of credential dues.

- | | |
|--|--|
| <input type="checkbox"/> ABV (Accredited in Business Valuation) | <input type="checkbox"/> CVA (Certified Valuation Analyst) |
| <input type="checkbox"/> CFE (Certified Fraud Examiner) | <input type="checkbox"/> CIRA (Certified Insolvency & Restructuring Advisor) |
| <input type="checkbox"/> CFFA (Certified Forensic Financial Analyst) | <input type="checkbox"/> CIA (Certified Internal Auditor) |
| <input type="checkbox"/> ASA (Accredited Senior Appraiser) | <input type="checkbox"/> IFA (Investigative and Forensic Accountant) |
| <input type="checkbox"/> ASA AM (Accredited Member) | <input type="checkbox"/> J.D. (Attorney) |
| <input type="checkbox"/> Cr.FA (Certified Forensic Accountant) | <input type="checkbox"/> CBA (Certified Business Appraiser) |

Total

DECLARATION OF INTENT

Please read and indicate agreement below.

Declaration

I hereby affirm that my statements given in the CFF 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.

Maintenance of the 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 every three years. Recertification currently requires that CFF Credential holders: a) Earn 60 hours of continuing education related to Body of Knowledge areas during the three-year period preceding recertification; and b) Submit a written statement of their intent to continue to comply with all the conditions required to maintain the credential.

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.
- 2) I hereby authorize investigation of all information I provided in the CFF Application.
- 3) I understand that permission to use the CFF Credential is granted for a period of three years. At the end of such period, if CFF certification is not renewed, certification expires and any right to use the CFF Credential 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 CFF Credential immediately, and understand that in order to regain CFF certification, all initial requirements, including completion of the CFF Application, must be met again.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) I affirm that I have read carefully, understand, and agree to the items set forth in the Statement 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 Business Experience and Lifelong Learning) 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.

Signature _____

Date _____

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

PAYMENT INFORMATION

The program enrollment 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: (Check one)

- New CFF Credential Holders \$350 Current FVS Section Members \$150 Current ABV \$150 Current CITP \$200 Current PFS \$200

- 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

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:

AICPA CFF Credential
American Institute of Certified Public Accountants
220 Leigh Farm Rd
Durham, NC 27707
ATTN: Member Service Center

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: CFFinfo@aicpa.org

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



CFFSM