International Association of Certified Valuation Specialists

IACVS INTERNATIONAL ASSOCIATION of Certified Valuation Specialists

CFD

CERTIFIED IN FRAUD DETERRENCE
DESIGNATION APPLICATION

Please complete the information below (print or type) *with your name and address exactly as you wish it to appear in IACVS's member web directory and on your certificate.* **To better serve you, IACVS requests a curriculum vitae and a business photo (head shot) be submitted along with your application.** (Please read the certification criteria provided in The Association brochure prior to submitting this application. This information can also be accessed on IACVS's web site at **www.iacvs.org**)

SECTION A: Personal Data :

Name: Date:

Name of Firm, Organization, or Agency:

Address (include Mail Stop if applicable):

City: State/Province: Zip:

Telephone: Fax :

E-mail: Position in Firm (or Official title):

Signature of Applicant: Date:

SECTION B: IACVS Membership

I am a member in good standing with IACVS: Y Yes   No

❑ I have Included a recent curriculum vitae with this Application.

SECTION C: Business Degree (If you do not have a business degree, please skip this Section and proceed to Section D.)

Business degree(s):   Year degree(s) received:

Received degree(s) from what accredited college or university:

SECTION D: (If you hold a business degree, as indicated in Section C, you do not have to complete Sections D and E.)

If you do not hold a business degree, you must hold a four-year college degree or higher and demonstrate with business references or attestations from previous employers and/or partners substantial experience in internal control evaluation, fraud consulting and advisory services. Substantial is defined in one of three ways; please indicate in Section E below under which definition of substantial you qualify and provide evidentiary materials, documentation, explanations, references, etc., to validate your experience.

Four-year college degree(s):   Year degree(s) received:

Received degree(s) from what accredited college or university:

SECTION E: (If you hold a business degree, as indicated in Section C, you do not have to complete Sections D and E.) Indicate with an "X" below under which definition—1, 2 or 3—of substantial experience you qualify:

1. ❑   Having had two years or more full-time or equivalent experience in internal control evaluation, fraud detection, prevention, investigation and related disciplines. Please describe experience below:

2. ❑   Having performed five or more internal control evaluation, fraud consulting engagements in which the applicant's role was significant enough so that he/she was either referenced in the recommendations/conclusions report or was a signatory on the report.

Please specifically identify five engagements in the table below in which you were referenced or were a signatory on, a report used to communicate conclusions in a fraud engagement.

TO DOCUMENT MINIMUM EXPERIENCE—COMPLETE 1–5

Name of Engagement	Client Retaining Your Services (Name & Phone #)	Year Engagement Performed	Brief Description of Services Performed

3. ❑   Being able to demonstrate substantial knowledge of internal control or fraud consulting concepts such as having published works on the subject, completed graduate work in the field and obtained and currently hold in good standing a fraud-related accreditation or accreditation in a field that supports the fundamental foundation of skills used in fraud deterrence from a recognized accrediting organization, including, but not limited to: CFE (Certified Fraud Examiner), CPA (Certified Public Accountant), CIA (Certified Internal Auditor), CMA (Certified Management Accountant), CFA (Chartered Financial Analyst) or CGA (Chartered General Accountant).

List qualifying designations and the years in which they were received (If CPA, CGA or CA, note the State /Province/ Country from which it was granted and your license number):

Please explain below your reasons that support your having substantial knowledge of internal control and fraud consulting concepts. In the Business References Section F, please provide references that can validate your reasons. Include with this application evidentiary support where appropriate. (Please feel free to provide additional descriptive information on a separate sheet/attachment):

In the Business References Section F below, please provide references that can validate your experience.

Section F: References

(Required) Business References:

Company: Contact: Tel:

Address: City, State/Province,   Zip:

Company: Contact: Tel:

Address: City, State/Province,   Zip:

Company: Contact: Tel:

Address: City, State/Province,   Zip:

Please complete and submit the following forms:
- Self-study program registration form
- Curriculum Vitae (with photo)

Course materials and examination *(Mandatory item)*	USD1,150	USD1,150
New member dues – include applicable amount		
• Practitioner pursuing the CFD	$450	
• Non-practitioner	$215	
• Government employee	$215	
• Academician	$215	
• Full-time student	$125	
Total due		

I am (check one): Professional Government Employee Academician

Full-time student Other:

Payment Options:

I have included payment by check. (Drawn in US dollars and made payable to "IACVS")

I have charged my payment at: http://iacvabookstore.org/product/IACVA_Charter_Dues_430/.

I have wired my payment. (Instructions below)

Wire instruction (**Please absorb the wire fees and currency exchange costs to avoid delay of renewal.**):

Intermediary Bank:	Wachovia Bank, N.A., New York
Intermediary Bank SWIFT Code:	PNBPUS3NNYC
Beneficiary's Bank:	Bank of Montreal, Int'l Banking H.Q. Montreal
Beneficiary's Bank SWIFT Code:	BOFMCAM2
Beneficiary's Bank CHIPS UID:	046440
Beneficiary's Bank Address:	595 Burrard Street, Vancouver, BC V7X1L7, Canada
Beneficiary:	International Association of Consultants, Valuators and Analysts
Account#:	00044636-966

Signature: Date:

† Your signature will authorize IACVS to communicate with you through the information provided by you. IACVS will not disclose or share this information with third parties.

RETURN APPLICATION TO (Via fax or scanned document): info1@iacvs.org

---

FOR OFFICE USE ONLY

Charter Affiliation: Member #:

Application Received: By: (initials)

Application Received via: fax   mail   e-mail

Entered into Database: By: (initials)

Certificate Issued: By: (initials)