CITP Champion End of Year Review Form

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| **Name** |  |
| **Employer Name**  **Street Address**  **City, State, Zip Code** |  |
| **Phone Number** |  |
| **Email Address** |  |

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| --- | --- | --- |
| Champion Self-Reporting of Activities | | |
| (Indicate at least two activities as required to maintain status as a CITP Champion) | | |
| 1. Authored an article for a publication at the local level | | |
| Date | Name of article | Publication |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Spoke or identified a speaker for a state society, university or professional event | | |
| Date | Speaker | Event |
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|  |  |  |
| 1. Displayed credential materials at a state society, university or other local event | | |
| Date | Materials displayed | Event |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Held a networking event in your city/state | | |
| Date | Topic | # of Attendees |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Served as a member of your state society technology group | | |
| Role | Key initiatives | Contributions |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Served as a mentor to a CITP candidate through the application and education process and beyond | | |
| CITP candidate name | Description of your role | Status of CITP candidate: Where are they on the CITP pathway? |
|  |  |  |
|  |  |  |
|  |  |  |

**Please send completed form to** [**Angela Glazunov**](mailto:Angela.Glazunov@aicpa-cima.com)**.**