



Peer Review
Program

Peer Review Board Open Session Materials

February 2, 2022

Virtual Meeting

**AICPA Peer Review Board
Open Session Agenda
Wednesday February 2, 2022
Teleconference**

Date: Wednesday February 2, 2022

Time: 11:00AM – 2:00PM Eastern Time

- 1.1 Welcome Attendees and Roll Call of Board** – Mr. Kindem/Mr. Bluhm
- 1.2 Discussion and Approval of Clarified Peer Review Standards* - Ms. Schweigel
 - A. Evaluation of Comment Letters in Response to the Exposure Draft
 - B. Detailed Comments with STF Recommendations
 - C. STF Recommended Revisions to the Final Proposed Standards
 - D. Final Proposed Clarified Standards for Performing and Reporting on Peer Reviews
- 1.3 Task Force Updates*
 - Standards Task Force Report – Ms. Schweigel
 - Oversight Task Force Report – Mr. Bluhm
 - Education and Communication Task Force Report – Mr. Beck
- 1.4 Other Reports*
 - Operations Director's Report – Ms. Thoresen
 - Report from State CPA Society CEOs – Ms. Stewart
 - Update on National Peer Review Committee – Mr. Wagner
- 1.5 Other Business** - Mr. Bluhm
- 1.6 For Informational Purposes*:
 - A. Report on Firms Whose Enrollment was Dropped or Terminated
 - B. Compliance Update - Firm Noncooperation
 - C. Updates to the AICPA Peer Review Program Question & Answers
 - D. Approved 2022 Association Information Forms for Associations of CPA Firms
- 1.7 Future Open Session Meetings**
 - A. May 4, 2022 – Durham, NC
 - B. September 9, 2022 – Teleconference
 - C. November 16, 2022 - Teleconference

* Included on SharePoint

** Verbal Discussion

*** Will be provided at a later date

Discussion and Approval of Clarified Standards for Performing and Reporting on Peer Reviews

Why is this on the Agenda?

In 2017, the Peer Review Board (board) approved a project (the clarity project) to revise all current peer review guidance, including the standards, using similar drafting conventions adopted by other professional standard setters in clarifying auditing and accounting literature. At its meeting on September 2, 2021, the board approved an exposure draft for the proposed clarified peer review standards, which was issued on September 15 with a comment deadline of December 15, 2021. The Standards Task Force (STF) has considered the responses received and incorporated additional proposed revisions into a final proposed Clarified Standards for Performing and Reporting on Peer Reviews (clarified standards) included in the materials as agenda item 1.2A.

Objectives and Structure of the Clarified Standards

The proposed clarified standards do not substantially change what is currently required of firms, reviewers, and administering entities of the program. The clarified standards were developed with goal of making peer review guidance easier to read, understand and apply. For example, the clarified standards are organized into sections by user so that relevant requirements and related application and other explanatory material are more easily located. Bulleted lists and simplified language are used to assist in this regard.

Similar to auditing and accounting and review standards, the clarified peer review standard requirements include reference to relevant application and other explanatory material, which provides examples of how a user may meet a given requirement. Application and other explanatory material also include appendixes and exhibits, with appendixes providing further considerations to meet a requirement under applicable situations and exhibits providing examples or illustrations of how to meet certain requirements.

Explanation of Proposed Changes

To maintain a principle-based approach that also considers today's modern technological environment, the clarified standards include revisions to certain areas of extant peer review guidance. To highlight these changes, the exposure draft contained requests for comment regarding those revisions that were considered most significant by the board. Responses to the following requests for comment were evaluated by the Standards Task Force (STF) as summarized in agenda items 1.2B and 1.2C (1.2D contains a copy of all comment letters submitted by respondents):

- Removal of the requirement for the majority of procedures in a system review to be performed at the reviewed firm's office
- Modification of the requirements for onsite office visits in system reviews
- Removal of the requirement for surprise engagements in system reviews
- Removal of the concept of a "significant deficiency" in engagement reviews
- Removal of the requirement that peer review documents for single audit engagements be included in materials for RAB meetings
- Removal of performing and reporting on reviews of quality control materials (QCM)

Future Revisions to the Standards

Once the clarified standards are effective, future changes to the requirements of the clarified standards will be exposed for a reasonable period for public comment. However, the board intends to, at its discretion, modify application and other explanatory material, appendixes, exhibits, and other related guidance without an exposure period if circumstances warrant such action. In these situations, the board will discuss such revisions during meetings open to the public and will timely communicate any recommended courses of action to firms, reviewers, and administering entities.

Feedback Received

Respondents provided feedback on the clarified standards in response to the exposure draft (see agenda item 1.2D for responses received). All responses were evaluated in detail to determine whether revisions to the proposal were necessary. STF evaluation and related recommendations for revisions are located in agenda items 1.2B and 1.2C. The resulting revisions are also included in the final proposed standards in track changes in Agenda Item 1.2A.

Note: Some proposed revisions will result in changes to paragraph numbers that have not yet been incorporated into the proposed standards in Agenda Item 1.2A. Upon approval by the board, Staff will make necessary updates to paragraph numbers and references, and a final editorial read will be performed by the AICPA editorial team before the standards are published and effective.

PRIMA Impact

AICPA Staff has identified areas that require updates or enhancements to the PRIMA system to align language in the system with the clarified standards. Due to the process required to program these updates, changes to the system will occur at a point in time, except for revisions to language in the reviewer performance feedback form. For users of the system, this means:

- Minor changes to language in peer review letters and terminology in other locations (including references and links to guidance) will be reflected in the system after the effective date of the standards.
- Programming the updated criteria for consent agendas and engagement reviews that can be accepted by a technical reviewer will be processed at a point in time, however, AEs should follow the criteria established by the PR-Cs upon the effective date for reviews commencing on or after May 1, 2022.

Administering Entity (AE) Impact

Once effective, AEs will use the clarified standards to administer the AICPA Peer Review Program. Staff intends to discuss the impact of the approved clarified standards with administering entities through various forums including AE monthly calls.

Communications Plan

Once the final proposal for the clarified standards is approved by the board, special alerts will be distributed to

- AEs (AE alert articles)
- Peer reviewers (reviewer alert articles, various session at AICPA conferences, including the Peer Review Conference)
- Firms (via email and an article in PR Prompts)

Manual Production Cycle (estimated)

Spring PRPM Update (April 2022). Conforming revisions to peer review checklists and other practice aids will be processed in the spring and fall PRPM updates.

Effective Date

The STF recommends that the proposed clarified standards be effective for peer reviews commencing on or after May 1, 2022.

Board Consideration

The STF is requesting the board review and approve the final proposed clarified standards as presented in Agenda Item 1.2A. In its discussion, the board should take into consideration:

- STF recommendations regarding responses to requests for comment in the exposure draft (Agenda Item 1.2B)
- STF recommendations regarding suggestions by respondents to enhance understandability of requirements and application or other explanatory material (Agenda Item 1.2C)

AICPA STANDARDS FOR PERFORMING AND REPORTING ON PEER REVIEWS

Effective For Peer Reviews Commencing On or After May 1, 2022



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Contents

PR-C Section 100, <i>Concepts Common to All Peer Reviews</i>	5
Introduction.....	5
Objective.....	6
Definitions	6
Requirements	15
Application and Other Explanatory Material.....	20
PR-C Section 200, <i>General Principles and Responsibilities for Reviewers</i>.....	30
Introduction.....	30
Objective.....	30
Definitions	30
Requirements	30
Application and Other Explanatory Material.....	36
Appendix A — AICPA Peer Review Board Rules of Procedures for Reviewers	44
PR-C Section 210, <i>General Principles and Responsibilities for Reviewers — System Reviews</i>	45
Introduction.....	45
Objectives	45
Definitions	45
Requirements	45
Application and Other Explanatory Material.....	60
Appendix A — Consideration of the Results of Regulatory Oversight or Inspections in the Planning and Performance of a Peer Review (Ref: par. .A8)	73
Appendix B — Considering the Firm’s Monitoring Procedures to Reduce a Reviewer’s Testing Procedures (Ref: par. .A19)	76
Appendix C — Additional Requirements for Must-Select and Must-Cover Engagements (Ref: par. .27)	81
Exhibit B — Illustrative Examples of the Reviewer’s Report on the Firm’s System of Quality Control	84
PR-C Section 220, <i>General Principles and Responsibilities for Reviewers — Engagement Reviews</i>	104
Introduction.....	104
Objectives	104
Definitions	104
Requirements	104
Application and Other Explanatory Material.....	112
Appendix A — Common Examples of Noncompliance With Applicable Professional Standards	117
Exhibit B — Illustrative Examples of a Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed	122
PR-C Section 300, <i>General Principles and Responsibilities for Reviewed Firms</i>	131
Introduction.....	131
Objective.....	131
Definitions	131
Requirements	131

Application and Other Explanatory Material	136
PR-C Section 310, <i>General Principles and Responsibilities for Reviewed Firms — System Reviews</i>	142
Introduction.....	142
Objective.....	142
Definitions	142
Requirements	142
Application and Other Explanatory Material	146
Exhibit A — Illustrative Representation Letter	152
Exhibit B — Illustrative Examples of a Firm’s Letter of Response	155
PR-C Section 320, <i>General Principles and Responsibilities for Reviewed Firms — Engagement Reviews</i>	164
Introduction.....	164
Objective.....	164
Definitions	164
Requirements	164
Application and Other Explanatory Material	168
Exhibit A — Illustrative Representation Letter	173
Exhibit B — Illustrative Example of a Firm’s Letter of Response	175
PR-C Section 400, <i>General Principles and Administration Responsibilities</i>	177
Introduction.....	177
Objective.....	177
Definitions	177
Requirements	177
Application and Other Explanatory Material	188
Exhibit A — Example Familiarity Threat Policies and Procedures	197
Appendix A — Failure to Cooperate or Comply With the Requirements of the Program Referral Responsibilities	200
Appendix B — Disagreements	203
Appendix C — Considerations for the Recall of Peer Review Documents	207
PR-C Section 410, <i>The Report Acceptance Process</i>	213
Introduction.....	213
Objective.....	213
Definitions	213
Requirements	213
Application and Other Explanatory Material	218
PR-C Section 420, <i>Corrective Actions and Implementation Plans</i>	223
Introduction.....	223
Objectives	223
Definitions	223
Requirements	223
Application and Other Explanatory Material	226
Exhibit A — Allowable Implementation Plans: Engagement Reviews	230

Exhibit B — Suggested Corrective Actions: Engagement Reviews	230
Exhibit C — Allowable Implementation Plans: System Reviews	231
Exhibit D — Suggested Corrective Actions: System Reviews	232
Appendix A — Guidance for Outside Parties Engaged to Assist Firms in Completing Corrective Actions and Implementation Plans	233
PR-C Section 430, <i>Reviewer Monitoring and Performance</i>	241
Introduction.....	241
Objectives	241
Definitions	241
Requirements	241
Application and Other Explanatory Material	246

PR-C Section 100, *Concepts Common to All Peer Reviews*

Introduction

Scope of This Section

.01 This section contains general principles and responsibilities for the AICPA Peer Review Program (the program) and applies to

- a. firms and individuals (Ref: par. .45–.47) enrolled in the program (Ref: par. .A1),
- b. firms and individuals who perform and report on peer reviews, and
- c. administering entities (AEs) of peer reviews (Ref: par. .A2).

The AICPA Peer Review Board (board), among other responsibilities, determines program enrollment eligibility, peer reviewer qualifications, and who may administer the program.

.02 The AICPA Standards for Performing and Reporting on Peer Reviews (the standards) are not intended for peer reviews of

- a. organizations that are not public accounting firms or
- b. a firm's accounting and auditing practice applicable to engagements subject to Public Company Accounting Oversight Board (PCAOB) permanent inspection. (Ref: par. .A3)

Authorization of the Program

.03 AICPA bylaws and the AICPA Code of Professional Conduct require that members engaged in the practice of public accounting are practicing with a firm that is enrolled in an Institute-approved practice-monitoring program (AICPA Peer Review Program) if the firm

- a. performs services within the scope of these standards and
- b. issues reports purporting to be in accordance with AICPA professional standards.

These standards are applicable to firms and individuals engaged in the practice of public accounting in the United States or its territories. (Ref: par. .A4–.A6)

.04 These standards do not require firms that only perform preparation engagements under the Statements on Standards for Accounting and Review Services (SSARSS) to enroll in the program. (Ref: par. .A7)

Relationship of Peer Review With Quality Control Standards

.05 Users of these standards should understand the quality control standards established by the AICPA. The firm's system of quality control may affect both the conduct of individual engagements and the conduct of a firm's accounting and auditing practice. However, deficiencies

in or instances of noncompliance with a firm's system of quality control do not, in and of themselves, indicate that an engagement was not performed in accordance with the requirements of the applicable professional standards. (Ref: par. .A8–.A9)

Effective Date

.06 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.07 The overall objective of the program is to promote and enhance quality in the accounting and auditing services provided by the firms (and individuals) subject to the standards, in service of the public interest. (Ref: par. .A10)

.08 There are two types of peer reviews:

- a. *System reviews.* For guidance, see PR-C section 210, *General Principles and Responsibilities for Reviewers — System Reviews*, and section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*.
- b. *Engagement reviews.* For guidance, see PR-C section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*, and section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*.

.09 Firms that perform engagements under the Statements on Auditing Standards (SASs) or *Government Auditing Standards*, examinations under the Statements on Standards for Attestation Engagements (SSAEs), or engagements under PCAOB standards, as their highest level of service must have system reviews. Firms that perform services under SSARs or services under the SSAEs not included in system reviews as their highest level of service are eligible to have engagement reviews. (Ref: par. .A11)

.10 Engagements performed under international standards should be included in the scope of a peer review. Under U.S. professional standards, the engagement should comply with elements of both the international standards and U.S. professional standards. However, the peer reviewer should test compliance with only the U.S. professional standards. Testing of compliance with any international standards is not included in the scope of the review. The peer reviewer should consult with AICPA staff for further guidance, if necessary. (Ref: par. .A12)

Definitions

.11 For the purposes of all sections of these standards, the following terms have the meanings attributed as follows:

Acceptance date. A peer review is accepted on the date the peer review committee (the committee) or report acceptance body (RAB) concludes a peer review was performed and reported on in accordance with the standards and/or, for *pass with deficiencies* and/or *fail*

reports, when the reviewed firm has agreed to perform required corrective actions, if any, as a condition of acceptance. (Ref: par. .A13–.A14)

Accounting and auditing practice. A practice that performs engagements under Statements on Auditing Standards (SASs), Statements on Standards for Accounting and Review Services (SSARSs), Statements on Standards for Attestation Engagements (SSAEs), *Government Auditing Standards* (the Yellow Book) issued by the U.S. Government Accountability Office, or PCAOB standards. Engagements covered in the scope of the program are those included in the firm’s accounting and auditing practice that are not subject to PCAOB permanent inspection.

Administering entity (AE). A state CPA society, group of state CPA societies, ~~or~~ the National Peer Review Committee (National PRC), or other entity that is approved by the board to administer the AICPA peer review programs.

Allegation or investigation. A formal declaration, statement, or other similar assertion, the validity of which has not been established, indicating that there may be deficiencies in the reviewer or reviewing firm’s compliance with a regulatory, monitoring, or enforcement body’s (regulatory body’s) rules (procedures, laws, professional standards, or practices). (Ref: par. .A15)

Association of CPA firms (association). Any group, affiliation, or alliance of accounting firms. The term also applies to two or more firms or a group of firms (whether a formal or informal group) that jointly market or sell services. Firms and other entities in the association cooperate with one another to enhance their capabilities to provide professional services. (Ref: par. .A54–.A56)

Captain. The reviewer that has the ultimate responsibility for the review, including the work performed by team members.

Closing meeting. A meeting held in advance of the exit conference between the captain and the reviewed firm, to discuss the review team’s observations, matters, findings, deficiencies, and significant deficiencies identified; the expected ~~type of report~~ rating to be issued, and the reviewed firm’s responsibilities related to such matters.

Commencement date. The earlier date of when the reviewer begins the review of engagements or when the reviewer learns information that affects the results of the current review. (Ref: par. .A16)

Completion date. For *pass* reports, the completion date is the same as the acceptance date. For *pass with deficiencies* ~~and-or~~ *fail* reports, the completion date is the date the reviewed firm has completed all required corrective actions to the satisfaction of the committee (or its designee). (Ref: par. .A14)

Compliance matter. When a firm's properly designed quality control policy or procedure does not operate as designed, as evidenced by the failure of reviewed firm personnel to comply with such system.

Consent agenda. A list of reviews, corrective actions, implementation plans, and other items that allow RAB members to vote on all items at one time without discussion; however, any RAB member may extract any item from the consent agenda for discussion and a separate vote if necessary. The following minimum criteria must be met for a review to be ~~placed~~accepted using a consent agenda: (Ref: par. .A17)

- A report rating of *pass*
- No matters for further consideration (MFCs)
- Without reviewer performance feedback

Items related to corrective actions and implementation plans should be ~~placed on the~~accepted using a consent agenda only if

- there are clearly identifiable actions or procedures that could be accepted by the technical reviewer or CPA on staff (see paragraph .08 of section 420),
- requests to waive corrective actions or implementation plans are specific and easy to understand, or (Ref: par. .A18)
- requests to extend due dates where there is no reason to believe the extensions should not or would not be approved by the RAB. (Ref: par. .A19)

Other items may be approved using a consent agenda if there are clearly identifiable actions that do not require discussion, assessment, or a vote by the full peer review committee.

Control risk. The risk that an engagement will not be performed or reported on in conformity with the requirements of applicable professional standards in all material respects due to a failure in the reviewed firm's system of quality control.

Corrective actions. Remedial actions prescribed by the committee, RAB, or board that should be agreed to and completed by a reviewed firm or peer reviewer. (Ref: par. .A20)

- *Peer reviewers.* A remedial action prescribed by the committee or board in a performance deficiency letter that describes deficiencies in the reviewer's performance. (Ref: PR-C section 200, *General Principles and Responsibilities for Reviewers*, PR-C section 210, *General Principles and Responsibilities for Reviewers — System Reviews*, and PR-C section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*)
- *Reviewed firms.* A remedial action prescribed by the committee, RAB, or board of a reviewed firm as a condition of acceptance of a *pass with deficiencies* or *fail peer*

review report in response to a deficiency or significant deficiency ~~or actions required of a reviewer due to deficiencies in the reviewer's performance~~. A peer review with corrective actions is considered accepted the date the firm acknowledges its responsibility to complete the corrective actions. (Ref: PR-C section 300, *General Principles and Responsibilities for Reviewed Firms*, PR-C section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*, and PR-C section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*)

CPA on staff. The CPA responsible for managing the program at the AE.

Deficiency (system reviews). When evaluating the reviewed firm's system of quality control taken as a whole, one or more matters that the team captain~~reviewer~~ has concluded could create a situation in which the reviewed firm would not have reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in one or more important respects. Deficiencies should be documented in a peer review report with a rating of *pass with deficiencies*.

Deficiency (engagement reviews). One or more matters that the review captain concludes result in an engagement that is not performed or reported on in conformity with the requirements of applicable professional standards in all material respects. Deficiencies should be documented in a peer review report with a rating of *pass with deficiencies* or *fail*. (Ref: par. .A21)

Deferred acceptance. When the RAB does not have sufficient information to conclude whether the review was performed or reported on in accordance with the standards. Deferred reviews are subsequently re-presented to the RAB after reasons for deferral have been resolved by the reviewer or reviewed firm.

Delayed acceptance. When the RAB has sufficient information to conclude that the peer review was performed and reported on in accordance with the standards but there are minor revisions that need to be addressed prior to publicizing the results of the peer review. (Ref: par. .A13–.A14)

Design matter. When the reviewed firm's system of quality control is missing a quality control policy or procedure or the reviewed firm's existing quality control policies and procedures, even if fully complied with, would likely result in engagements not performed or reported on in accordance with professional standards.

Detection risk. The risk that the reviewer will fail to detect deficiencies or significant deficiencies in the reviewed firm's system of quality control.

Due date. The date the peer review report and all required peer review materials are to be submitted to the AE, or the date all supporting documentation for corrective actions and implementation plans are to be submitted to the AE.

Engagement partner. The partner or other person in the firm who is responsible for the engagement and its performance and for the report that is issued on behalf of the firm and who, when required, has the appropriate authority from a professional, legal, or regulatory body.

Exit conference. A meeting between the captain and the reviewed firm held to discuss a summary of the peer review results, the firm responses, and the ~~type of report~~ rating to be issued.

Fair procedures. Procedures related to the potential termination of a firm's enrollment in the AICPA Peer Review Program that provide for an orderly proceeding, achieve a fair result, and adequately safeguard the rights of firms and individuals.

Familiarity threat. A risk that due to a long-standing or close personal relationship with committees, RABs, technical reviewers, peer reviewers, or firms subject to peer review, the evaluating party will not exercise a proper level of objectivity.

Finding (system reviews). One or more related matters that result from a condition in the reviewed firm's system of quality control or compliance with the system such that there is more than a remote possibility that the reviewed firm would not perform or report in conformity with the requirements of applicable professional standards. A finding should be documented as a finding for further consideration (FFC) on an FFC form.

Finding (engagement reviews). One or more matters that the review captain concludes result in an engagement not performed or reported on in conformity with the requirements of applicable professional standards. A finding should be documented as a finding for further consideration (FFC) on an FFC form.

Highest-risk areas. The account or audit areas of most importance to the type of engagement based on a reviewer's judgment and experience.

Implementation plan. Actions required of a reviewed firm in response to a finding included on an FFC form. (Ref: par. .A20)

Ineligible. The term used to describe a reviewer who does not meet the required qualifications and, therefore, is not approved to schedule, commence, continue to perform, or participate in a peer review for any AE. (Ref: par. .06 of section 200 and .20–.22 and .A24 of section 430)

Inherent risk. In the absence of a system of quality control, the risk of a reviewed firm's engagement not being performed or reported on in conformity with the requirements of applicable professional standards in all material respects.

Initial engagement. The first accounting or auditing service performed for a client, in a particular industry, engagement type, or as a level of service for a firm.

Isolated matter. An incident (or limited incidents) of noncompliance with professional standards or the firm’s quality control policies and procedures on one or more engagements (or elements of the quality control system), but the same standards or policies and procedures were complied with on the remaining selected engagements or elements. (Ref: par. .A22)

Limitation or restriction. A corrective or disciplinary action or sanction imposed on a reviewer or reviewing firm by a regulatory body. (Ref: par. .A15)

Limited restriction. Prohibits an individual from performing peer reviews in a specific capacity such as limited to a specific industry or engagement type (for example, an individual is prohibited from performing employee benefit plan audits).

Matter. One or more “no” answers to questions in peer review checklists identified during a system review or an engagement review.

- *Engagement reviews.* One or more “no” answers to questions in peer review checklists that were not resolved to the review captain’s satisfaction. These are documented as matters for further consideration (MFCs) on an MFC form. (Ref: sections 220 and 320)
- *System reviews.* One or more “no” answers to questions in peer review checklists that a reviewer concludes warrant further consideration in the evaluation of a firm’s system of quality control. A matter should be documented as a matter for further consideration (MFC) on an MFC form. (Ref: sections 210 and 310)

Must-cover. An engagement ~~industry~~ that does not have to be selected for review, but a team member must have recent experience in the industry or level of service to aid in the risk assessment process and to determination of whether an-that engagement ~~from the must-cover industry~~ should be selected for review. Appendix C, “Additional Requirements for Must-Select and Must-Cover Engagements,” of section 210 contains the ~~industries or~~ engagements with this designation.

Must-select. A type of engagement that must be included in the sample of engagements selected for review. Appendix C of section 210 contains the industries or engagements with this designation.

Nonconforming engagement. An engagement identified as not performed or reported on in accordance with the requirements of applicable professional standards in all material respects.

Oversight Task Force (OTF). The standing task force of the board responsible for establishing oversight policies and procedures to ensure that AEs are complying with the administrative procedures established by the Peer Review Board, reviews are being conducted and reported on in accordance with the standards, and the results of the reviews are being evaluated on a consistent basis in all jurisdictions. (Ref: par. .A23)

Partner. Any individual with authority to bind the firm with respect to the performance of a professional services engagement. Partners may include employees with this authority who have not assumed the risks and benefits of ownership. Firms may use different titles to refer to individuals with this authority.

Peer reviewer (reviewer). An independent evaluator who conducts a peer review.

Peer Review Board (board). The AICPA senior technical committee that governs the Peer Review Program.

Peer review committee (committee). A group of individuals appointed by an AE to oversee the administration, acceptance, and completion of peer reviews and performance of peer reviewers.

Peer review contact. A partner of the firm designated as the liaison between the review team, AE, and the reviewed firm.

Peer review risk. The risk that the reviewer issues an inappropriate report on the firm's system of quality control or compliance with it. It is composed of inherent risk, control risk, and detection risk.

Performance deficiency. Occurs when a pattern of reviewer performance findings exists, or the reviewer did not do either of the following: (Ref: par. .A24–.A25)

- a. Appropriately conclude on whether an engagement was performed or reported on in conformity with applicable professional standards in all material respects prior to technical review, oversight, or RAB consideration and did not demonstrate sufficient knowledge and experience required to review the engagement and identify issues prior to technical review, oversight, or RAB consideration
- b. Appropriately aggregate or evaluate matters noted on the review, such that the ~~RAB committee~~ determined a deficiency was present when the reviewer did not elevate the matter beyond an MFC, or the ~~committee-RAB~~ determined a significant deficiency was present when the reviewer did not elevate the matter beyond an FFC

Performance deficiency letter. A letter issued to the reviewer by the committee or board that requires the reviewer to complete one or more corrective actions that are intended to improve the reviewer's future performance. (Ref: par. .A25)

Performance feedback form. A form used to document reviewer performance deficiencies or findings on individual reviews. The form is issued by the committee or board to the reviewer to communicate specific areas of needed improvements based on performance that was not in accordance with program guidance. (Ref: par. .A24)

Performance finding. A situation in which the reviewer has not performed in accordance with program guidance but that does not rise to the level of a performance deficiency.

Period end. The point in time or period of time for which financial information is represented in accordance with a financial reporting framework.

Piggyback review. The review team performs a review of one or more engagements contemporaneously when testing the reviewed firm's internal inspection procedures.

Professional judgment. The application of relevant training, knowledge, and experience, within the context provided by peer review and ethical standards, in making informed decisions about the courses of action that are appropriate in the circumstances of peer reviews.

Personnel. Partners and staff.

Professional skepticism. An attitude that includes a questioning mind and a critical assessment of evidence.

Quality control function. Performing an engagement quality control review as part of the engagement performance element of a firm's system of quality control or supervising or performing an inspection as part of the monitoring element of a firm's system of quality control.

Reciprocal peer review. A firm performs a peer review for the firm that performed its most recent review; such reviews are not permitted.

Repeat finding, deficiency, or significant deficiency (system reviews). A finding, deficiency, or significant deficiency identified during the current review that has the same systemic cause identified in the prior review's FFC forms or report. (Ref: par. .A267)

Repeat finding or deficiency (engagement reviews). An engagement finding or deficiency that is the same as noted in the prior review. (Ref: par. .A276)

~~**Repeat finding, deficiency, or significant deficiency (system reviews).** A finding, deficiency, or significant deficiency identified during the current review that has the same systemic cause identified in the prior review's FFC forms or report. (Ref: par. .A27)~~

Report Acceptance Body (RAB). A group of individuals appointed by the committee who are delegated the report acceptance function on behalf of the committee.

Report ratings (system reviews). A peer review report can have one of three possible ratings: (Ref: par. .A28-.A29)

Pass. The system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

Pass with deficiencies. Except for the deficiencies described, the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

Fail. As a result of the significant deficiencies described, the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended was not suitably designed or complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

Report ratings (engagement reviews). A peer review report can have one of three possible ratings: (Ref: par. .A28–.A29)

Pass. A report with a peer review rating of *pass* is issued when the review captain concludes that nothing came to the captain’s attention that caused the captain to believe that the engagements submitted for review were not performed and reported on in conformity with the requirements of applicable professional standards in all material respects.

Pass with deficiencies. A report with a peer review rating of *pass with deficiencies* is issued when the review captain concludes at least one but not all the engagements submitted for review were nonconforming.

Fail. A report with a peer review rating of *fail* is issued when the review captain concludes all the engagements submitted for review were nonconforming.

~~**Report ratings (system reviews).** A peer review report can have one of three possible ratings: (Ref: par. .A28)~~

~~**Pass.** The system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.~~

~~**Pass with deficiencies.** Except for the deficiencies described, the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.~~

~~**Fail.** As a result of the significant deficiencies described, the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended~~

~~was not suitably designed or complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.~~

Scope limitation (system and engagement reviews). Exclusions of one or more engagements or other limitations that affect the performance of a peer review. A description of any such exclusion or limitation should be described in the peer reviewer's report. (Ref: par. .A28–.A29)

Significant deficiency. One or more matters in a system review that the reviewer has concluded create a situation in which the reviewed firm's system of quality control does not provide the reviewed firm with reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in all material respects. Significant deficiencies should be documented in a peer review report with a rating of *fail*.

Staff. Professionals, other than partners, including any specialists that the firm employs.

Surprise engagement. The engagement selection provided to the firm to mitigate the risk that the firm has not complied with the firm's policies and procedures related to timely completion of the assembly of final engagement files by engagement teams.

Suspension. Sanction imposed by an AE, AICPA staff, or the board for not cooperating that may prohibit a reviewer from being scheduled or performing reviews.

Systemic cause (system reviews). A condition in the firm's system of quality control that allowed noncompliance to occur and remain undetected.

Requirements

Defining Professional Requirements in the Standards

.12 Each PR-C section uses the following two categories of requirements, identified by specific terms, to describe the degree of responsibility it imposes on reviewers, firms, and administrators of the program:

- a. *Unconditional requirements.* The user must comply with an unconditional requirement in all cases in which such a requirement is relevant. The word "must" is used to indicate an unconditional requirement.
- b. *Presumptively mandatory requirements.* The user must comply with a presumptively mandatory requirement in all cases in which such a requirement is relevant, except in rare circumstances discussed in paragraph .16. The word "should" is used to indicate a presumptively mandatory requirement.

Complying With Relevant Requirements

.13 Reviewers, firms, and administrators of the program should comply with all applicable sections of the standards. (Ref: par. .A30)

.14 Reviewers, firms, and administrators of the program should understand the entire text of a section of the standards, including its application and other explanatory material, to understand its objectives and apply its requirements properly.

Departure From a Relevant Requirement

.15 In rare circumstances, the user may judge it necessary to depart from a relevant presumptively mandatory requirement. In such circumstances, the user should perform alternative procedures to achieve the objective. The user should consult with AICPA staff or the AE prior to departing from a relevant requirement. (Ref: par. .A31)

Interpretive Peer Review Publications

.16 Reviewers, firms, and administrators of the program should consider applicable interpretive publications in the performance of peer reviews. (Ref: par. .A32)

Other Peer Review Publications

.17 In applying the peer review guidance included in an other peer review publication, the user should, exercising professional judgment, assess the relevance and appropriateness of such guidance to the circumstances of the peer review. (Ref: par. .A33)

Confidentiality

.18 A peer review should be conducted in compliance with the confidentiality requirements set forth in the "[Confidential Client Information Rule](#)" (ET sec. 1.700.001)¹ and its interpretations.

.19 Confidential information should be disclosed only as required by law, or in accordance with sections 200 and 400, (Ref: par. .A34)

- a. to anyone not involved in performing the review,
- b. to anyone not administering or carrying out the program, or
- c. for use in any way not related to meeting the objectives of the standards.

Ethical Requirements Relating to Peer Review

.20 Enrolled firms, reviewing firms, and individual CPAs within the administering entities should comply with relevant ethical requirements. If circumstances come to the firm or reviewer's attention that bring into question whether independence was impaired, the AE or AICPA staff should be consulted. (Ref: par. .A35–A38)

¹ All ET sections can be found in AICPA *Professional Standards*.

Professional Skepticism and Professional Judgment

.21 Professional skepticism and professional judgment should be used throughout a peer review.

Timing of Peer Reviews

.22 Firms enrolled in the program, in accordance with paragraph .03, should have a peer review, once every three years, of their accounting and auditing practice that covers a one-year period (peer review year). (Ref: par. .A39–.A40)

.23 A firm should enroll in the program no later than the date the firm issues the report on its first engagement within the scope of the standards (enrollment date).

.24 The firm should consult with the peer reviewer to determine its initial peer review year. The AE should be consulted when the peer review year is not the 12-month period after the report date of the initial engagement. The following should be considered to determine the peer review year: (Ref: par. .A41)

- a. The firm's practice
- b. The ~~year~~period-ends of the firm's engagements
- c. The report dates of the firm's engagements
- d. The number and type of engagements to be encompassed in the review
- e. The requirements by any other organization for the firm to have a peer review (Ref: par. .A42)

.25 The firm's initial peer review due date should be within 18 months after the firm issues the report on its first engagement within the scope of the standards.

.26 If the firm fails to enroll by the due date described in paragraph .25, the initial peer review due date should be 90 days from the date the firm enrolled in the program.

.27 The subsequent peer review due date should be no more than 42 months from the previous peer review year-end. (Ref: par. .A43)

.28 A firm should have prior approval by the AE to change its peer review year-end. A change in peer review year-end will be applicable to current and subsequent peer reviews. (Ref: par. .A44)

.29 A firm should have prior approval by the AE to extend its peer review due date and the extension should be applicable only to the current peer review. (Ref: par. .A45)

.30 A firm should ensure that any change in the review due date or year-end approved by the AE is communicated to and recognized by any other organizations requiring it to have a peer review. (Ref: par. .A42)

.31 If a firm, having previously represented that it has no engagements within the scope of the standards, is enrolled in the program and ~~(a) performs its first engagement within the scope of the standards~~ ~~or (b) performs its first engagement that would require a system review~~, the due date should be 18 months from that engagement's ~~period~~year-end (18 months from the report date if it is a financial forecast, projection, or agreed-upon procedures engagement).

.32 If a firm fails to immediately notify the AE when it performs an engagement that meets the requirements of paragraph .31b, then the firm should participate in a system review with a peer review year that covers the engagement.

.33 If a firm resigns or is dropped from the program and subsequently reenrolls in the program, the firm's due date is the later of the due date originally assigned or 90 days after reenrolling.

Administration

.34 All peer reviews intended to meet the requirements of the program should be carried out in conformity with these standards under the supervision of a state CPA society; group of state CPA societies; one of the board's committees, such as the National Peer Review Committee (National PRC); or other entity (collectively hereinafter referred to as an "administering entity" or "AE") approved by the board to administer peer reviews. (Ref: par. .A46)

.35 Firms are required to have their reviews administered by the National PRC if they meet any of the following criteria (Ref: par. .A47):

- a. The firm performed or "played a substantial role in" (as defined by the PCAOB) an engagement under PCAOB standards with a period end during the peer review year.
- b. The firm is a provider of quality control materials (QCM) (or is affiliated with a provider of QCM) that are used by firms that it peer reviews.

Peer Review Documentation and Retention Policy

.36 The reviewer should prepare peer review documentation with enough detail to enable an experienced peer reviewer having no previous connection with the review to understand the following:

- a. The documentation's purpose, source, and the conclusions reached
- b. Evidence of the work performed
- c. That the reviewer complied with these standards
- d. That the basis for the reviewer's conclusions is supported

.37 Reviewers and technical reviewers should use the materials and checklists developed and issued by the board to meet the requirements of the program.

.38 If the reviewer determines additional materials and checklists not issued by the board are needed to complete a review, the other materials and checklists must

- a. include the same elements and be more comprehensive than those versions issued by the board and
- b. be approved by the AE prior to commencement of the review.

.39 Peer review documentation submitted to the AE should be in electronic format as prescribed by the AICPA.

.40 Peer review documentation should not be retained by the reviewer or AE for an extended period after the peer review's completion, except for certain documents that are maintained until the subsequent peer review's acceptance and completion. Refer to section 200, *General Principles and Responsibilities for Reviewers*, and section 400, *General Principles and Administration Responsibilities*, for specific document-retention requirements for reviewers and administrators, respectively. (Ref: par. .A48–.A49)

Oversight

.41 Peer reviews, reviewed firms, and reviewers are subject to oversight by the AE and the board to ensure compliance with and consistent application of the standards. (Ref: par. .A50)

.42 Administering entities are subject to oversight by the board and other bodies agreed upon by the board.

Disagreements

.43 If a disagreement arises between any parties to a peer review that cannot be resolved through other means, the disagreeing parties should consult with their AE, and if necessary, request that a panel of the AE's peer review committee members resolve the disagreement. The panel must reach a decision to resolve the disagreement. (Ref: par. .06 of section 400)

.44 If any of the disagreeing parties believe a review of the panel's decision is warranted, they should request an appeal by writing to the board and explaining the reasons a review of the panel's decision is warranted. A panel formed by the board will review and consider the request and take further action pursuant to fair procedures that it has established.

Individual Enrollment When a Firm Is Without CPA-Majority Ownership

.45 An individual CPA should enroll if the CPA (Ref: par. .A5 and .A51)

- a. practices in a firm not eligible to enroll (Ref: par. .A52) and
- b. performs compilations of financial statements in accordance with the SSARS.

.46 An individual enrolled in the program should have an engagement review in accordance with these standards. Peer review documentation should be tailored to reflect that an individual, not a firm, is being peer reviewed. (Ref: par. .A53)

.47 If an individual enrolled in the program meets the reviewer qualifications in paragraph .05 of section 200, the individual would be the reviewer (not the firm ineligible to enroll) and that fact should be made evident throughout the review.

Associations of CPA Firms

.48 For a member firm of an association of CPA firms (association) to conduct peer reviews of another association member firm enrolled in the program, in addition to the peer review independence requirements, the association and its member firms must meet all the following independence criteria:

- a. The association, as distinct from its member firms, does not perform any professional services other than those it provides to its member firms or affiliates. (Ref: par. .A54)
- b. The association does not make representations regarding the quality of professional services performed by its member firms to assist member firms in obtaining engagements unless the representations are objective or quantifiable. (Ref: par. .A55)
- c. Referral or participating work among member firms is arranged directly by the firms involved.

.49 For a member firm of an association to conduct a peer review of another association member firm enrolled in the program, the association must submit an Association Information Form (AIF) to, and obtain approval from, the board or its designee prior to any aspect of the review being planned, scheduled, or performed. All review teams must still be approved by the AE. (Ref: par. .A56)

.50 In an association-formed review team, the captain should be from an association member firm.

.51 An association-formed review should be performed in accordance with these standards. Additionally, the peer review report should be issued on the letterhead of and signed by the captain's firm (not the association).

.52 An association of CPA firms cannot be a network, as defined by the "Network and Network Firms" interpretation (ET sec. 1.220.010) under the "Independence Rule," and conduct peer reviews of another association member firm. A network firm is not independent with respect to other firms in the same network.

.53 Whether an association is a network and whether an entity is a network firm should be applied consistently by all members of the association.

Application and Other Explanatory Material

Scope of This Section (Ref: par. .01)

.A1 A reference to a *firm* or *firms* includes individuals enrolled in the program.

.A2 The program may not be administered by any entity without written permission from the board.

.A3 For purposes of the program, the board determines which engagements meet the criteria to be considered subject to PCAOB permanent inspection. Currently, this includes audits of SEC issuers and the audits and related compliance and exemption engagements for broker-dealers registered with the SEC or dually registered with both the SEC and Commodity Futures Trading Commission (CFTC). Securities Investor Protection Corporation (SIPC) agreed-upon procedures engagements for SEC registered broker-dealers and audits of broker-dealers only registered with the CFTC are in the scope of the program.

Authorization of the Program (Ref: par. .03 and .04)

.A4 A firm does not need any AICPA members to enroll in the program.

.A5 If authorized by Council, an individual member may enroll in the program if the firm is not eligible to enroll in the program. A CPA practicing in such a firm may enroll in certain circumstances as outlined in paragraphs .45–.47.

.A6 Specifically, these requirements are located in AICPA BL section 220, *Requirements for Admission to Membership*, and BL section 230, *Requirements for Retention of Membership*, (BL sec. 2.2.3 and 2.3.4, respectively)² and the "Form of Organization and Name Rule" (ET sec. 1.800.001) of the AICPA Code of Professional Conduct.

.A7 A firm that performs only preparation engagements under the SSARSs may be required to enroll in the program by a regulatory body, for example, for licensing.

Relationship of Peer Review With Quality Control Standards (Ref: par. .05)

.A8 Quality control systems, policies, and procedures are the responsibility of the firm in conducting its accounting and auditing practice. Under QC section 10, *A Firm's System of Quality Control*,³ the firm has an obligation to establish and maintain a system of quality control to provide it with reasonable assurance that

- a. the firm and its personnel comply with professional standards and applicable legal and regulatory requirements and
- b. reports issued by the firm are appropriate in the circumstances.

² All AICPA bylaw sections can be found in *AICPA Professional Standards*.

³ All QC sections can be found in *AICPA Professional Standards*.

.A9 The nature and extent of a firm's system of quality control depend on factors such as its size, the degree of operating autonomy allowed its personnel and its practice offices, the nature of its practice, its organization, and appropriate cost-benefit considerations.

Objectives (Ref: par. .07, .09, and .10)

.A10 The objective of the program is achieved through the performance of peer reviews involving procedures tailored to the size of the firm and the nature of its practice.

.A11 The type of peer review is determined based on the engagements performed as the firm's highest level of service, as shown in the following chart.

Engagements As the Firm's Highest Level of Service	System Review	Engagement Review
<i>Statements on Auditing Standards (SASs)</i>		
Engagements	X	
<i>Government Auditing Standards (GAS)</i>		
Financial audits	X	
Attestation engagements (examination, review, or agreed-upon procedures under GAS)	X	
Performance audits	X	
<i>Statements on Standards for Attestation Engagements (SSAEs)</i>		
Examination engagements	X	
Review engagements		X
Agreed-upon procedures engagements		X
<i>PCAOB Standards</i>		
Audits	X	
<i>Statements on Standards for Accounting and Review Services (SSARSs)</i>		
Reviews of financial statements		X

Engagements As the Firm's Highest Level of Service	System Review	Engagement Review
Compilation engagements		X
Preparation of financial statements engagements		X

If a firm is required to have a system review, all the engagements listed in the preceding table would be subject to selection for review based on periods ending during the year under review, except for financial forecasts, projections, and agreed-upon procedures engagements. Financial forecasts, projections, and agreed-upon procedures engagements with accountant's report dates during the year under review would be subject to selection.

.A12 The International Auditing and Assurance Standards Board (IAASB) is not currently recognized by AICPA Council to promulgate technical standards (nor is the International Public Sector Accounting Standards Board); therefore, compliance with auditing, review, or other assurance or related services standards issued by the IAASB, or any other audit or assurance standards outside of the United States, is not included in the scope of peer review.

Definitions (Ref: par. .11)

.A13 Implementation plans do not affect the acceptance or completion date of a review.

.A14 The committee or RAB may require revisions to peer review documents. In those situations, the review is not considered accepted until the revisions have been made to the satisfaction of the committee or RAB (or its designee).

.A15 Regulatory bodies may include, but are not limited to, the following:

- a.* The AICPA or state CPA society ethics committees
- b.* The AICPA Joint Trial Board
- c.* State boards of accountancy
- d.* The SEC
- e.* The PCAOB
- f.* The Department of Labor
- g.* The Department of Health and Human Services

- h. Other governmental agencies or other organizations that have the authority to regulate accountants (in connection with engagements within the firm’s accounting and auditing practice)

.A16 Indications of when a reviewer has learned information that affects the results of the review include, but are not limited to, the following examples:

- a. A reviewer identifies a design deficiency in the firm’s system of quality control.
- b. A reviewer learns about the firm’s noncompliance with state board of accountancy licensing requirements.

.A17 An AE may have more restrictive consent agenda criteria or may choose not to utilize a consent agenda.

.A18 Requests to waive corrective actions that are specific and easy to understand include, for example, when a firm is asked to join an Audit Quality Center but represents it has given up those types of engagements.

.A19 Requests to extend due dates where there is no reason to believe the extension should not or would not be approved by the RAB include situations such as a request for a 30-day extension after being granted a 90-day extension because the managing partner has been in the hospital.

.A20 Firm and outside parties may utilize guidance in section 420, appendix A, “Guidance for Outside Parties Engaged to Assist Firms in Completing Corrective Actions and Implementation Plans,” to assist in completing corrective actions and implementation plans.

.A21 “In all material respects” is a matter of professional judgment and is entity-specific based on size or nature, or both. Materiality is described as follows: misstatements, including omissions, are material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

.A22 More than one incident of noncompliance may still be considered isolated if the reviewer is able to conclude there is no systemic cause and such instances of noncompliance are insignificant to the reviewer’s evaluation of the firm’s system of quality control.

.A23 The board may appoint subcommittees and task forces to assist the board in carrying out its responsibilities. The work of the subcommittees and task forces is subject to review by the board. For example, the OTF may be delegated the responsibility to issue reviewer performance deficiency letters and the evaluation of reviewer removal recommendations.

.A24 Refer to section 430, *Reviewer Monitoring and Performance*, for examples of reviewer performance findings and deficiencies that may be communicated to the reviewer on a performance feedback form.

.A25 A performance deficiency letter can be issued for a pattern of reviewer performance findings, reviewer performance deficiencies, egregious reviewer performance, or significant failures to timely submit documents when there is no evidence of improvement after the suspension for timeliness is lifted.

.A267 The words used to describe the systemic cause are not indicative of whether it is a repeat finding, deficiency, or significant deficiency, and professional judgment will be used to conclude whether the systemic cause is repeated.

.A276 As an example, omitting the exact same disclosure in an engagement selected in the previous peer review and in an engagement selected in the current peer review would constitute a repeat finding or deficiency. Omitting one disclosure in an engagement selected in the previous peer review and omitting an entirely different disclosure in an engagement selected in the current peer review would not constitute a repeat finding or deficiency.

~~.A27 The words used to describe the systemic cause are not indicative of whether it is a repeat finding, deficiency, or significant deficiency, and professional judgment will be used to conclude whether the systemic cause is repeated.~~

.A28 In the event of a scope limitation, a report with the applicable peer review rating (with a scope limitation) is issued.

.A29 The review captain should not expand the scope beyond the original selection of engagements in an effort to change the conclusion from a peer review rating of *fail*.

Complying With Relevant Requirements (Ref: par. .13)

.A30 The board may, at its discretion, modify the standards and related guidance without an exposure period if the circumstances warrant such action. In these circumstances, the board will discuss such modifications during meetings open to the public and will communicate any recommended courses of action to firms, reviewers, and AEs on a timely basis.

Departure From a Relevant Requirement (Ref: par. .15)

.A31 The need for a user to depart from a relevant, presumptively mandatory requirement is expected to arise only when the requirement is for a specific procedure to be performed and, in that specific circumstance, the required procedure would be ineffective in achieving the objective.

Interpretive Peer Review Publications (Ref: par. .16)

.A32 Interpretive publications are not standards. Interpretive publications are recommendations on the application of the standards in specific circumstances. An interpretive publication is issued under the authority of the board only after all members of the board have been provided an opportunity to consider and comment on whether the proposed interpretive publication is

consistent with the standards. Examples of interpretive publications are application and other explanatory material, appendixes, and exhibits to the standards, which are included within these PR-C sections.

Other Peer Review Publications (Ref: par. .17)

.A33 Other peer review publications, such as reviewer alert articles, are nonauthoritative; however, they may help the user understand and apply the standards.

Confidentiality (Ref: par. .18–.19)

.A34 Information concerning the reviewed firm or any of its clients or personnel that is obtained through the review is confidential.

Ethical Requirements Relating to Peer Review (Ref: par. .20)

.A35 Ethical requirements consist of the AICPA Code of Professional Conduct together with rules of state boards of accountancy and applicable regulatory agencies that are more restrictive.

.A36 The AICPA Code of Professional Conduct establishes the fundamental principles of professional ethics, which include the following:

- a. Responsibilities
- b. The public interest
- c. Integrity
- d. Objectivity and independence
- e. Due care
- f. Scope and nature of services

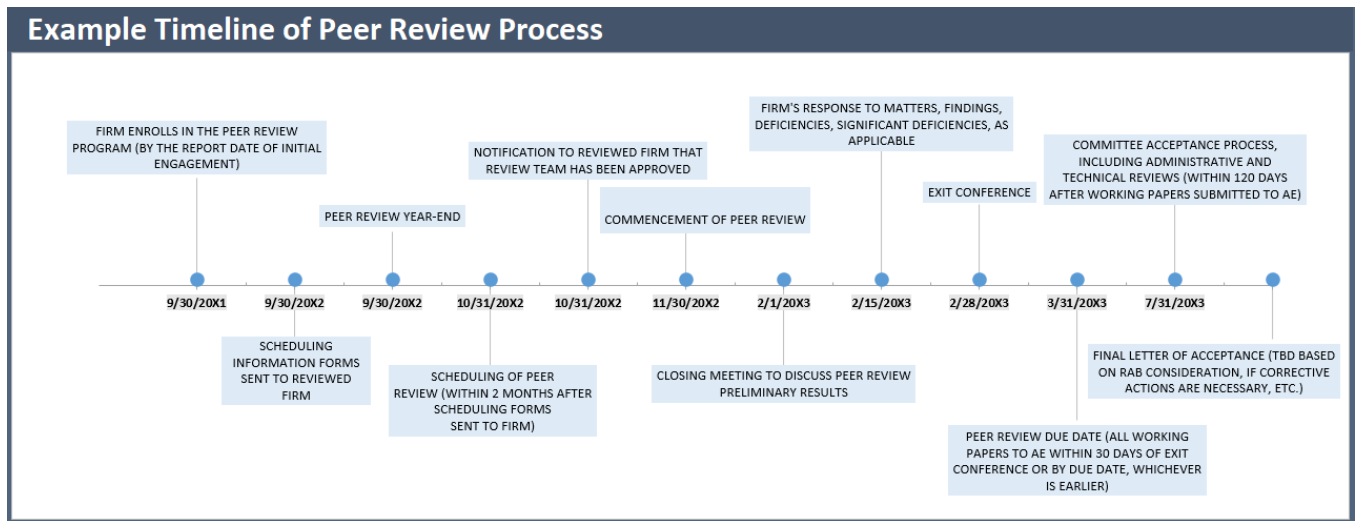
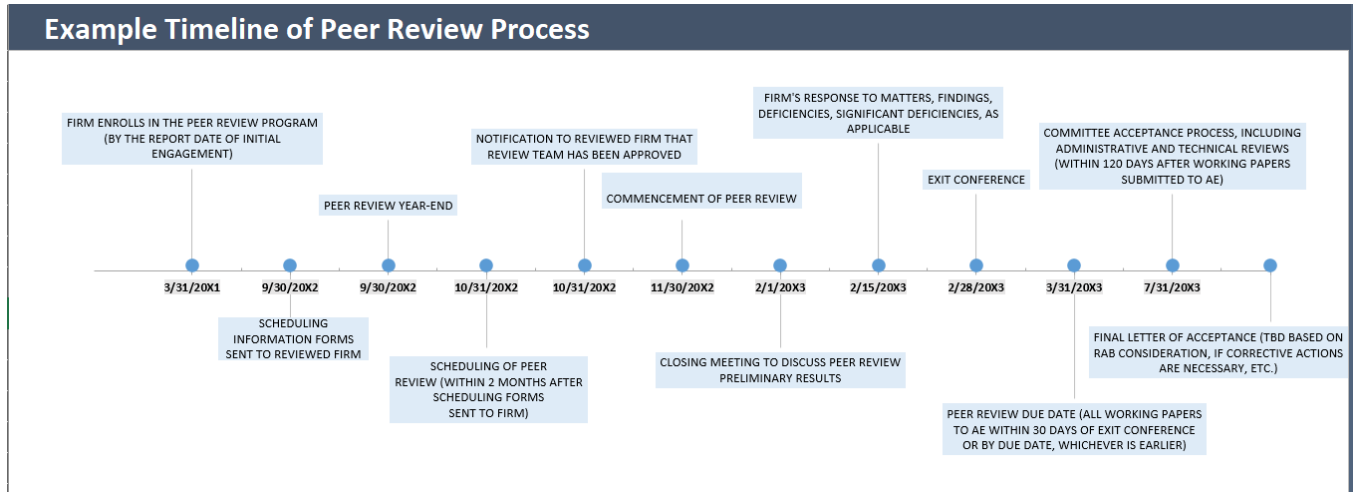
.A37 In the case of a peer review, it is in the public interest and, therefore, required by this section that the reviewer and any other individuals who participate on the peer review be independent of the reviewed firm. The concept of independence refers to both independence in fact and independence in appearance. *Independence* encompasses an impartiality that recognizes an obligation for fairness not only to the reviewed firm but also to those who may use the peer review report. *Integrity* requires the reviewer to be honest and candid within the constraints of the reviewed firm's confidentiality. Service and the public trust should not be subordinated to personal gain and advantage. *Objectivity* is a state of mind and a quality that lends value to a reviewer's services. The principle of objectivity imposes the obligation to be impartial,

intellectually honest, and free of conflicts of interest. Guidance on threats to independence is set forth in the AICPA's "Conceptual Framework for Independence" (ET sec. 1.210.010).

.A38 Due care, as addressed by the "[Due Care](#)" principle (ET sec. 0.300.060), requires all those involved in carrying out the review to fulfill assigned responsibilities in a professional manner.

Timing of Peer Reviews (Ref: par. .22, .24, .27, .28, and .29)

.A39 The following timeline provides an example of various steps in the peer review process.



.A40 Ordinarily, a peer review is performed within three to five months following the peer review year-end.

.A41 Ordinarily, the initial peer review year is the 12-month period after the report date of the initial engagement performed by the firm within the scope of the standards.

.A42 Organizations that may require a peer review include, but are not limited to, state boards of accountancy, the Government Accountability Office, and other regulators.

.A43 Ordinarily, a firm should maintain the same peer review year-end for subsequent reviews.

.A44 AEs will consider factors, including but not limited to, those described in paragraph .24 when a firm has requested a change in its peer review year. AEs will not approve a change in peer review year that would have a public interest concern, such as when a must-select engagement would be excluded from the scope of the peer review.

.A45 An AE will ordinarily approve a review due date extension of three months or less. If a firm's peer review is subject to oversight, the AE may approve an extension of up to six months.

Administration (Ref: par. .34 and .35)

.A46 AEs approved by the board are authorized to establish dues or registration fees within their individual jurisdictions to fund the administration of the program.

.A47 Firms that are not required to have their review administered by the National PRC may choose to do so.

Peer Review Documentation and Retention Policy (Ref: par. .36 and .40)

.A48 The AICPA or an AE may retain peer review documentation beyond the retention requirements if such documentation is needed to comply with peer review standards and guidance. For example, the peer review report may be retained in order to track the number of consecutive non-pass peer review reports a firm has received.

.A49 The AICPA may retain data derived from peer review documentation beyond the retention requirements to monitor trends in peer reviews, facilitate research, and otherwise promote quality in the accounting and auditing services provided by CPA firms. Any such data provided to others will exclude firm-identifying information (for example, firm name, location, and employer identification number) that could link the data back to a firm, firm's client, review, or reviewer. This data may be provided to parties outside of the AICPA only with the firm's consent. The AICPA will describe the nature of the data that may be shared and the reason behind the request when asking for consent from firms.

Oversight (Ref: par. .41–.42)

.A50 The objectives of oversight are to enhance quality in accounting and auditing by **providing reasonable assurance of ensuring** compliance with and consistent application of the standards throughout the program. The board may appoint other individuals or bodies to perform oversight at its discretion.

Individual Enrollment When a Firm Is Without CPA-Majority Ownership (Ref: par. .45–.47)

.A51 An individual enrolled in the program is provided equivalent fair procedures related to hearings and appeals established by the board as enrolled firms.

.A52 A firm or organization without CPA-majority ownership (a non-CPA-owned entity) would not be eligible to enroll in the program. The characteristics of such a firm are discussed in appendix B, “Council Resolution Concerning the Form of Organization and Name Rule,” of the Code of Professional Conduct.

.A53 An individual enrolled in the program may choose to have a system review.

Associations of CPA Firms (Ref: par. .49–.50)

.A54 For purposes of this requirement, *professional services* include accounting, tax, personal financial planning, litigation support, and professional services for which standards are promulgated by bodies designated by AICPA Council.

.A55 Member firms may independently publicize their membership in the association. In addition, an association may respond to inquiries and prepare promotional materials that firms may use to obtain professional engagements on their own behalf.

.A56 The AIF contains questions regarding general information about the association, independence matters, and whether the association requests to be approved to assist its members in the formation of review teams, provide technical assistance to such review teams, or do both. The National PRC is currently designated by the board to consider all AIFs for approval, regardless of whether an association has any firms whose peer reviews are administered by the National PRC.

PR-C Section 200, *General Principles and Responsibilities for Reviewers*

Introduction

Scope of This Section

.01 This section contains general principles and responsibilities for reviewers. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*.

Effective Date

.02 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.03 The objective of the reviewer is to perform a peer review in accordance with the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board (the board) of the American Institute of Certified Public Accountants to enhance the effectiveness of and contribute to the quality of our profession.

Definitions

.04 A list of terms applicable to this section are defined in paragraph .11 of section 100, *Concepts Common to All Peer Reviews*.

Requirements

Reviewer Qualifications

.05 To qualify as a reviewer, CPAs should consider whether their day-to-day involvement in their firm's accounting and auditing practice is sufficiently comprehensive to enable them to perform a peer review with professional expertise. At a minimum, a reviewer should meet the following qualifications: (Ref: par. .A6)

- a.* Be a member of the AICPA in good standing, licensed to practice as a CPA, and employed by or an owner of a firm enrolled in the program. (Ref: par. .A1)
- b.* Be in public practice as a partner, manager, or person with equivalent responsibilities in the accounting or auditing practice or carrying out a quality control function in the CPA's firm. (Ref: par. .A2)
- c.* Have current practice experience by performing or supervising accounting or auditing engagements in the CPA's firm or carrying out a quality control function in the firm, with reports dated within the last 18 months. (Ref: par. .A3)

- d. Have spent the last five years in the practice of public accounting in the accounting or auditing function.
- e. Be employed by or be the owner of a firm that has received a report with a peer review rating of *pass* or *pass with scope limitations* for its most recent peer review. (The report should have been accepted timely.) (Ref: par. .A4–.A5)
- f. Possess current knowledge of professional standards and experience related to the kind of practice and the industries of the engagements to be reviewed. (Ref: par. .A7)
- g. Obtain at least 48 hours of AICPA-required continuing professional education (CPE) every 3 years in subjects relating to accounting, auditing, and quality control with a minimum of 8 hours in any 1 year.
- h. Be free of restrictions from regulatory or governmental bodies on the CPA’s ability to practice public accounting. (Ref: par. .A8)
- i. Provide qualifications and experience via a reviewer resume.

.06 Reviewers should not commence, continue to perform, or participate in a peer review if they do not possess all necessary qualifications, and should refrain from these activities until it has been determined they are qualified according to paragraph .05. (Ref: par. .A9—~~and~~.A10 and .A24 of section 430)

.07 Reviewers should notify their administering entity (AE) or AICPA staff when they do not meet the qualifications in paragraph .05. If an AE or AICPA staff contact the reviewer to validate the reviewer’s qualifications, the reviewer should respond to the communication within the specified time. (Ref: par. .A11)

.08 In order to be qualified as captain for a peer review of a firm whose review is required to be administered by the National Peer Review Committee (PRC), a captain should currently be employed by or be an owner of a firm whose most recent review was administered by the National PRC. (Ref: par. .A12–.A13)

Reviewer Allegations, Investigations, Limitations, or Restrictions

.09 Reviewers and reviewing firms should notify the relevant AE of communications from regulatory, monitoring, or enforcement bodies in the conduct of engagements in a firm’s accounting and auditing practice performed by the reviewer. Notification should happen prior to being scheduled to perform a peer review or immediately, if already scheduled to perform a peer review. (Ref: par. .A14–.A15)

.10 Reviewers and reviewing firms should notify AICPA staff and all relevant AEs of any limitations or restrictions on the reviewer’s or reviewing firm’s ability to practice or perform peer reviews. Notification should happen prior to being scheduled to perform a peer review or immediately, if already scheduled to perform a peer review. (Ref: par. .A16–.A18)

.11 A reviewer does not meet the required qualifications described in paragraph .05 if the reviewer’s ability to practice public accounting or perform peer reviews has been restricted by a regulatory, monitoring, or enforcement body, beginning on the date that the reviewer is notified of the restriction and ending on the date that the restriction has been removed.

.12 If a limited restriction is imposed on a reviewer, the extent of the limited restriction should determine whether the reviewer still meets the qualifications. (Ref: par. .A19)

Reviewer Resume

.13 Reviewer resumes should be updated at least annually to accurately reflect reviewer qualifications and experience. (Ref: par. .A20)

.14 The reviewer's resume should provide the following information for the AE to determine if the reviewer has current or recent experience by level of service, engagement type, and industry: (Ref: par. .A21 and .A22)

- a. Whether the reviewer was performing, supervising, or carrying out a quality control function
- b. The date of the last report for the engagement the reviewer was involved in
- c. The approximate number of engagements the reviewer was involved in
- d. Whether the reviewer currently meets relevant industry-specific educational requirements
- e. Whether experience was obtained from the reviewer's firm or another firm (Ref: par. .A23)

.15 The reviewer resume should communicate if the reviewer, the reviewer's firm, or a firm the reviewer has obtained industry experience from has received communications relating to allegations or investigations or has been restricted.

Ethical Requirements Relating to a Peer Review

.16 The reviewer must be independent from the reviewed firm. The reviewer's independence would be considered impaired in the following circumstances:

- a. A reviewer or a reviewer's firm participates in a reciprocal peer review. (Ref: par. .A24)
- b. A reviewer who owns securities or has an interest in a reviewed firm's client reviews an engagement of that client.
- c. A reviewer who was directly involved in the development, maintenance, or distribution of the reviewed firm's quality control materials; reports to those who were directly responsible for the development, maintenance, or distribution of the materials; or receives more than a *de minimus* amount of revenues or other monies generated by the sale of the materials, reviews an engagement performed and reported on using those materials.
- d. Fees for any products or services provided or shared between firms are material to any party to the peer review. (Ref: par. .A25)
- e. Products or services provided to or shared by the reviewed firm are an integral part of the reviewed firm's system of quality control. (Ref: par. .A26–.A27)

- f. The reviewing firm performed the monitoring of the reviewed firm's accounting and auditing practice, ~~consulting review, quality control document review, preliminary quality control procedures review,~~ or, pre- or post-issuance ~~engagement~~ reviews of engagements with periods-ending (or report dates for financial forecasts, projections, or agreed-upon procedures engagements) in ~~for~~ the year immediately preceding or during the peer review year.

.17 The effect on independence of family and other relationships and the possible resulting loss of the appearance of independence should be considered when assigning reviewers to engagements.

.18 Reviewers have no responsibility to detect illegal acts that have either a direct or indirect effect on the firm's ability to practice public accounting. If a reviewer comes across an illegal act during a review, the reviewer should consult with AICPA staff and should consider consulting with an attorney.

Performing a Peer Review

.19 Before agreeing to perform a peer review, a reviewer should do the following:

- a. Obtain and consider information about the firm to be reviewed, including size, nature of practice, industry specializations, and levels of service. (Ref: par. .A28)
- b. Assess the reviewer's own capability and availability to perform the peer review.
- c. Consider the review due date to account for adequate time to assess appropriate responses. (Ref: par. .A29)
- d. Consider the need for additional reviewers with appropriate levels of expertise and experience to perform the review.
- e. Consider the need for individuals with expertise in specialized areas to assist in a consulting capacity. (Ref: par. .A30)

.20 Reviewers should not have contact with any client of the reviewed firm in connection with the peer review without prior approval of the firm and client.

Reviewed Firm Acquisition or Divestiture

.21 If a firm has had an acquisition of another practice or a portion thereof or a divestiture of a significant portion of its practice during or subsequent to its peer review year, the reviewer or the reviewed firm should consult with the AE and AICPA staff prior to the commencement of the review to consider the appropriate scope of the review or other actions that should be taken. (Ref: par. .A31)

Creating a Review Team

.22 A captain should assemble a review team of one or more individuals depending on the size and nature of the reviewed firm's practice and other factors.

.23 A captain should ensure that all team members possess the necessary qualifications and competencies to perform assigned responsibilities and that team members are adequately supervised.

.24 All members of the review team should be approved by the AE prior to the commencement of the peer review. (Ref: par. .A32)

Obtaining Written Representations

.25 The captain should request written representations from members of management of the firm whom the captain believes are responsible for and knowledgeable about, directly or through others in the firm, the matters covered in the representations, the firm, and its system of quality control. (Ref: par. .A33–.A34)

.26 The written representations should be in the form of a representation letter on firm letterhead, addressed to the captain, and signed by a member of management, as described in paragraph ~~.2526~~, as of the date of the peer review report. (Ref: par. .A35)

.27 If a representation made by management is contradicted by other information obtained, the captain should investigate the circumstances and consider the reliability of the representations made and any effect on the report.

Reviewer's Performance and Cooperation

.28 The captain should do the following:

- a. Supervise, perform, and report on the review in accordance with the standards.
- b. Accept responsibility for the work of team members, including specialists. (Ref: par. .A37–.A38)
- c. Communicate the review results to the reviewed firm and to the AE.
- d. Ensure that peer review documentation is complete and submitted to the AE on a timely basis. (Ref: par. .A36)

.29 If a reviewer does not cooperate by performing the review in a timely and professional manner in accordance with the requirements of the standards, the AE or AICPA staff should communicate the failure to the reviewer, and it may result in a suspension or removal from the list of qualified peer reviewers. The reviewer should respond to the communication within the specified time. (Ref: par. .A39–.A40)

.30 Peer review documentation should be retained by the review team until 120 days after the peer review is completed.

Reviewer Performance Findings and Deficiencies

.31 A reviewer's performance is evaluated by the committee or Report Acceptance Body (RAB), AICPA staff, and the board. If a reviewer's work exhibits performance findings or deficiencies, the reviewer should correct areas of noncompliance that are identified by the committee or RAB on a reviewer performance feedback form. (Ref: par. .A41)

.32 If a reviewer notifies an AE that performance findings or deficiencies are present on reviews that the reviewer submitted, and those reviews have not yet been subject to technical review, the reviewer should make the appropriate corrections on those reviews. If the reviewer corrects the noncompliance, then the reviewer should not receive a reviewer performance feedback form.

.33 If a reviewer exhibits a pattern of performance findings or has more than one reviewer performance deficiency, the committee (or its designated body) or board should consider whether it is appropriate to issue a performance deficiency letter requiring the reviewer to complete one or more corrective actions. Those actions are applicable to the reviewer's participation in the performance of any peer review and, therefore, are recognized by all AEs. (Ref: par. .A42)

.34 The committee (or its designated body) or board that issued the performance deficiency letter will determine when a corrective action is no longer required. To assist the committee (or its designated body) or board in making this determination, the reviewer should provide evidence that supports the reviewer's remediation of the related performance deficiency for each corrective action to the AE or board. (Ref: par. .A43)

.35 If a reviewer fails to correct reviewer performance deficiencies after a corrective action has been required, refuses to cooperate with the committee (or its designated body) or board (for example, by not signing the performance deficiency letter within 30 days), or has committed egregious acts in the performance of a peer review, the committee (or its designated body) should recommend to the board that the reviewer be prohibited from performing peer reviews in the future. (Ref: par. .A41, .A44, and .A45)

Reviewer Appeals

.36 A reviewer should provide a written appeal to the board, within 30 days of receipt of the communication, explaining why the reviewer believes the deficiencies, actions, or decisions are unwarranted if the reviewer disagrees with any of the following: (Ref: par. .A43)

- a. Performance deficiencies communicated on a performance deficiency letter
- b. Corrective actions required by the committee (or its designated body) or board
- c. Decisions related to being deemed ineligible to perform reviews
- d. Other actions imposed on the reviewer by the committee (or its designated body) or board

.37 The corrective actions imposed by the committee (or its designated body) or board should remain in effect on the reviewer during the appeals process and should remain in effect until the committee (or its designated body) or board concludes otherwise.

.38 If a reviewer's firm has experienced a natural disaster or other catastrophic event that directly affects its ability to comply with requirements of the standards, the reviewing firm should communicate this information to the reviewed firm and AE as soon as possible. Contacting the reviewed firm and the AE is especially important when the peer review has commenced but the reviewing firm has doubts about its ability to complete the review. In response to natural disasters and other catastrophic events, the board will evaluate the facts and circumstances and communicate recommended courses of action to administering entities. Refer to section 430, *Reviewer Monitoring and Performance*, for factors that the administering entity will consider when determining the best course of action.

Application and Other Explanatory Material

Reviewer Qualifications (Ref: par. .05–.08)

.A1 CPA license mobility may not be recognized for peer review purposes in certain states. Therefore, the reviewing firm and reviewers may be required to obtain applicable licenses in the state licensing jurisdiction of the reviewed firm.

.A2 A manager or person with equivalent responsibilities is a professional employee of the firm who has either a continuing responsibility for the overall planning and supervision of engagements for specified clients or authority to determine that an engagement is complete subject to final partner approval, if required.

.A3 A reviewer who becomes employed by or an owner of a newly formed firm (or a firm that has not had a peer review) may continue to serve in the same capacity as a reviewer during an 18-month transition period, as long as the reviewer meets the other requirements in paragraph .05. The transition period begins with the earlier of the date of disassociation from the previous firm or the date the reviewer becomes employed by or an owner of a new firm. After the 18-month transition period, the reviewer's current experience is dependent on the practice composition of the new firm. A reviewer employed by or owner of a firm without any engagements subject to peer review, even if actively pursuing or with a signed engagement letter, does not meet current practice experience.

.A4 The requirement of having received a report with a peer review rating of *pass* or *pass with scope limitations* for its most recent peer review, that was accepted timely, is applicable to any firm through which a reviewer receives the necessary qualifications.

.A5 The AE will determine if the report has been accepted timely.

.A6 In rare circumstances, an exception may be approved by the AICPA prior to commencement of the peer review. The request must be made in writing and should thoroughly explain why the exception should be approved.

.A7 Current knowledge may be obtained from on-the-job training, training courses, or a combination of the two.

.A8 If a restriction is imposed on the reviewer's firm, the Oversight Task Force (OTF) will determine the impact to the individual's ability to qualify as a reviewer.

.A9 When a reviewer does not meet the required qualifications, the reviewer may not participate in the performance of peer reviews or serve as a peer review committee or RAB member.

.A10 If a reviewer performed a peer review while ineligible, the peer review committee of the AE may decide to perform oversight at the reviewer's expense or consider other appropriate measures. If the review has already been accepted, the committee may consider recalling the previously accepted peer review documents. This could put the reviewed firm in jeopardy of its practice unit or firm license in states where the firm is licensed.

.A11 The specified time may be different based on the circumstances of the request. Refer to section 400, *General Principles and Administration Responsibilities*, for details related to an AE's ineligibility process.

.A12 If a firm elects, but is not required, to have its peer review administered by the National PRC, the captain does not have to be employed by or be an owner of a firm whose most recent review was administered by the National PRC.

.A13 For other requirements for a captain in a system review, see section 210, *General Principles and Responsibilities for Reviewers — System Reviews*, and for other requirements of a captain in an engagement review see section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*.

Reviewer Allegations, Investigations, Limitations, or Restrictions (Ref: par. .09–.10 and .12)

.A14 The receipt of communications relating to allegations or investigations does not automatically mean that a reviewer is ineligible to perform reviews. However, there may be situations in which the nature, significance, or pervasiveness of the alleged deficiencies or an existing preponderance of evidence would necessitate more immediate action in order to address the public interest. The AE's peer review committee will consider whether any action or oversight is appropriate. This decision may be appealed by the reviewer to the AE's peer review committee.

.A15 If a reviewer fails to notify the relevant parties of communications of allegations or investigations, limitations or restrictions, or both, within the specified timing, the board may consider whether actions are warranted given the specific circumstances. Such actions may include, but are not limited to, the following:

- a. Oversight at the reviewer's expense
- b. Permanent removal from the list of qualified reviewers

- c. Referral of any AICPA members to the AICPA's Professional Ethics Division for violating the AICPA Code of Professional Conduct

.A16 Limitations or restrictions may include, but are not limited to, the following:

- a. Constraint of scope or volume of accounting and auditing engagements
- b. Required periodic reporting to the regulatory body
- c. Pre-issuance reviews of engagements
- d. Additional peer review or professional education requirements

.A17 If the restriction has been placed on the reviewer's firm or one or more of its offices, then the OTF will consider and investigate the specific circumstances, including how the restriction relates to the firm's accounting and auditing practice and personnel, to determine whether any of the individuals associated with the firm may serve as reviewers.

.A18 The reviewer, reviewing firm, the AE, or AICPA staff may receive notification or knowledge of a limitation or restriction on a reviewer or reviewing firm when a review is in different stages (scheduling, commencement, fieldwork, acceptance, or completion, within the working paper retention period or not). In these circumstances, the board will consider various factors in determining whether the review should be rescheduled or oversighted, other additional procedures should be performed, or a new review should be performed.

.A19 The OTF will assess whether the reviewer is qualified to perform any peer reviews or if the reviewer is restricted from reviewing specific industry or engagement types.

Reviewer Resume (Ref: par. .13-.14)

.A20 To accurately reflect reviewer qualifications and experience, a reviewer may need to update their own reviewer resume more frequently than annually. Situations that may warrant more frequent updates include, but are not limited to, the following:

- a. The renewal timing of a reviewer's license
- b. Issuance of reports in new levels of service, engagement types, or industries
- c. A change in firm that the reviewer is employed by or owner of
- d. Peer review continuing education courses taken

.A21 Current experience is performing, supervising, or carrying out a quality control function on an engagement with a report date within the last 18 months.

.A22 Recent experience is having performed, supervised, or carried out a quality control function on an engagement in your firm within the last five years.

.A23 A reviewer with current experience in an industry through a firm other than the firm the reviewer is employed by or is an owner of may be qualified to review engagements in that industry. At a minimum, the services performed for another firm should include a review of the

financial statements and involvement in or review of the significant judgments and conclusions of the engagement team.

Ethical Requirements Relating to a Peer Review (Ref: par. .16)

.A24 A firm may not perform a reciprocal peer review, that is, a review of the firm that performed its most recent review. The prohibition against reciprocal peer reviews also means that a reviewer may not serve on a review team carrying out a review of a firm whose personnel participated in the most recent review of that reviewer's firm.

.A25 Examples of products or services include, but are not limited to,

- a. consultation;
- b. expenses, office facilities, or personnel; and
- c. quality control materials.

.A26 To evaluate whether products or services provided or shared are an integral part of a firm's system of quality control, the reviewer and reviewed firm consider the following factors:

- a. The size of the impacted portion of the practice (Ref: par. [.A2728](#))
- b. The risk associated with the impacted portion of the practice (for example, must-select industries)
- c. The degree of the reviewed firm's reliance on the product or service provided or shared
- d. The significance of the product or service provided or shared

If the products or services provided or shared are quality control materials (QCM) that are an integral part of a firm's system of quality control, a QCM review under the Standards for Performing and Reporting on Peer Reviews,⁴ or a QCM examination under the Statements on Standards for Attestation Engagements,⁵ could be an appropriate safeguard to offset a potential independence impairment. However, the effectiveness of this safeguard will depend on the facts and circumstances of each peer review~~many factors, such as those considered by peer reviewers in evaluating the reliability of QCM during a peer review, as described in section 210.~~

.A27 The size of the impacted portion of the practice may be assessed by industry, level of service, or engagement hours.

Performing a Peer Review (Ref: par. .19)

⁴ A QCM review is only available under the Standards for Performing and Reporting on Peer Reviews effective prior to May 1, 2022.

⁵ The Statements on Standards for Attestation Engagements are codified in the AT-C sections in AICPA *Professional Standards*.

.A28 Although a reviewer is testing compliance only with U.S. professional standards, the reviewer may inquire of the firm regarding the firm's understanding of professional guidance for reporting on statements for international use to assist in planning the review.

.A29 Conducting the review 3–5 months after the firm's peer review year-end ordinarily allows adequate time (30 days prior to the due date) for the assessment and submission of the peer review documents.

.A30 If required by the nature of the reviewed firm's practice, individuals with expertise in specialized areas may assist the review team in a consulting capacity. For example, computer specialists, statistical sampling specialists, actuaries, or experts in CPE may participate in certain segments of the review.

Reviewed Firm Acquisition or Divestiture (Ref: par. .21)

.A31 A divestiture of a portion of the practice of a reviewed firm during the year under review may have to be reported as a scope limitation if the review team is unable to assess compliance with the system of quality control for reports issued under the firm's name during that year.

Creating a Review Team (Ref: par. .24)

.A32 Various factors, including the industries of the engagements of the firm, its size, whether or not the review is administered by the National PRC, and other factors related to the knowledge and experience of the members of the review team will be considered to determine if the team has the appropriate qualifications and capability to perform the review.

Obtaining Written Representations (Ref: par. .25–.26)

.A33 Written representations are necessary information that describe matters significant to the peer review to assist in the planning, performance of, and reporting on the peer review. The specific representations are detailed in section 310, *General Principles and Responsibilities for Firms — System Reviews*, and section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*, as applicable.

.A34 Members of management responsible for and knowledgeable about the required representations normally include the managing partner and partner in charge of the firm's system of quality control.

.A35 The representation letter is addressed to the captain because the captain is concerned with events occurring during the peer review period and through the date of the peer review report that may require an adjustment to the report or other peer review documents.

Reviewer's Performance and Cooperation (Ref: par. .28–.29)

.A36 Complete and timely peer review documentation relates to the initial submission of the report and review materials and to the timely completion of any additional actions necessary to complete the review. Additional actions may include completing any omitted documentation of the work performed on the review and resolving questions raised by the committee or technical reviewer accepting the review or by the board and AICPA staff.

.A37 The captain will furnish instructions to the specialist regarding the manner in which materials and other notes relating to the review are to be accumulated to facilitate summarization of the reviewer's findings and conclusions. The specialist may be required to be available or participate in the exit conference.

.A38 A specialist meeting criteria established by the AICPA, which are located on the AICPA webpage, may be approved as part of the review team, therefore assuming the responsibilities of a review team member.

.A39 A reviewer may be suspended in the jurisdiction of the reviewer's local AE for failing to do any of the following (this list is not all-inclusive):

- a. Submit required peer review documents to the AE within the required specified time.
- b. Respond to or resolve issues identified by the technical reviewer, committee, or RAB within the specified time, including failure to respond to requests for additional procedures such as the expansion of scope on the review.
- c. Revise the report and finding for further consideration (FFC) forms, if applicable, as requested by the committee or RAB.
- d. Respond to requests for documents (in addition to those originally required to be submitted) or requests to complete documents.
- e. Submit peer review documents and other information for oversight.
- f. Update or verify a reviewer resume, as required.

.A40 Failure to update or verify a reviewer resume may result in a national suspension. The reviewer may also be referred to the board for removal if the reviewer fails to submit documentation to support the experience reflected on the reviewer's resume.

Reviewer Performance Findings and Deficiencies (Ref: par. .31, .33–.35)

.A41 If a committee recommends to the board that a reviewer be prohibited from performing peer reviews in the future or a reviewer appeals to the board in accordance with paragraph .36, the board will review and consider the recommendation or appeal in accordance with **appendix**

A, the “AICPA Peer Review Board Rules of Procedures for Reviewers,”⁶ which are maintained on the AICPA website.

.A42 Corrective actions may include, but are not limited to, the following:

- a. Oversight (at the reviewer’s expense) until evidence of performance improves
- b. Consulting with the AE to discuss the planning and performance of the next review
- c. Submitting all reports and appropriate documentation on all outstanding peer reviews before scheduling or performing another review
- d. Having pre-issuance reviews of the report and peer review documentation on future peer reviews by an individual acceptable to the committee
- e. Taking specified types of and amounts of CPE or training, or passing the related AICPA advanced certificate exam
- f. Removing or revising one or more resume codes until appropriate proof of experience and knowledge have been provided to the satisfaction of the committee

.A43 Supporting evidence may include, but is not limited to, CPE certificates or documentation of performance improvement that includes a letter or report from an individual acceptable to the committee on the results of oversight or pre-issuance review of a peer review.

.A44 Depending on the facts and circumstances, egregious acts by a reviewer include, but are not limited to, the following:

- a. Signing false documents
- b. Failure to perform a peer review board directive resulting from a hearing or review panel in a timely and professional manner
- c. Continuing to schedule or perform reviews after receipt of a required corrective action letter or settlement agreement from the AICPA Professional Ethics Division that indicates the reviewer is restricted from performing reviews
- d. Failure to notify an AE when there has been a restriction placed by a regulatory, monitoring, or enforcement body on the reviewer’s ability to perform audit and attest engagements, and the reviewer continues to perform peer reviews
- e. Knowingly providing advice to a firm that is contradictory to the standards, such as informing the firm that it may distribute the peer review report prior to committee acceptance or omitting engagements from the scope of the review without the appropriate scope limitations or approvals in compliance with the guidance

⁶ “AICPA Peer Review Board Rules of Procedures for Reviewers” governs the adjudication of all matters that may lead to the removal of a reviewer from the national list of qualified reviewers or to the imposition of other sanctions by the board.

f. Use of confidential material obtained during the peer review to enhance the reviewer's own firm (such as a client listing)

g. Failure to maintain qualifications or otherwise cooperate with the program (for example, not meeting licensure or regulatory requirements), leading the AE or firm to find another reviewer to complete the review and causing the firm harm

.A45 The board may appoint a hearing panel to consider whether a reviewer should be prohibited from performing peer reviews in the future without recommendation from a committee.

~~Appendix A — AICPA Peer Review Board Rules of Procedures for Reviewers~~

~~.A46 This appendix describes how hearing panels, ad hoc committees, and review panels are conducted. (Ref: par. .A41)~~

~~[Note: This information is not being exposed for comment]~~

PR-C Section 210, *General Principles and Responsibilities for Reviewers — System Reviews*

Introduction

Scope of This Section

.01 This section contains performance and reporting requirements and application guidance for reviewers engaged to perform a system review. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*, and section 200, *General Principles and Responsibilities for Reviewers*. Additionally, reviewers should familiarize themselves with the firm requirements in section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*.

Effective Date

.02 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objectives

.03 The objectives of the reviewer, in conducting a system review, are to do the following:

- a. Obtain reasonable assurance that the reviewed firm's system of quality control for its accounting and auditing practice has been designed and complied with to provide the firm with reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in all material respects.
- b. Report on the reviewed firm's system of quality control and communicate as required by the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board (the board) of the American Institute of Certified Public Accountants, in accordance with the reviewer's conclusions.

Definitions

.04 A list of terms applicable to this section are defined in paragraph .11 of section 100, *Concepts Common to All Peer Reviews*.

Requirements

Reviewer Qualifications for Team Captains

.05 In addition to meeting the requirements in section 200, a team captain must be a partner and complete initial and ongoing peer review training that meets the requirements established by the board. (Ref: par. .A1)

Reviewer Qualifications for Must-Select and Must-Cover Engagements

.06 In addition to the qualifications discussed in section 200, a reviewer of must-select engagements should meet the following criteria:

- a.* Have completed additional training focused on must-select engagements that meets the requirements of the board. (Ref: par. .A2)
- b.* Be presently involved in one of the following areas in the must-select engagements in the reviewer's firm:
 - i.* Supervising or performing engagements
 - ii.* Performing engagement quality control reviews on engagements
 - iii.* Performing the inspection of must-select engagements as part of the firm's monitoring process
- c.* Be employed by or be an owner of a firm that is a member of the respective audit quality center, if applicable.

.07 The additional training requirements in paragraphs .05 and .06 should be completed within one year prior to the commencement of the review of a must-select engagement.

.08 For must-select and must-cover engagements, a reviewer should have experience in and knowledge about rules and regulations appropriate to the level of service applicable to the industries of the engagements the individual will be reviewing.

Planning

.09 The reviewer should perform planning procedures before selecting engagements for review.

.10 The reviewer should obtain the following from the reviewed firm:

- a.* Information regarding each engagement in the firm's accounting and auditing practice with a period end date (report date for financial forecasts, financial projections, and agreed-upon procedures engagements) during the peer review year and issued by the commencement date to allow the reviewer to be able to identify
 - i.* the level of service,
 - ii.* the number of audit or accounting hours (actual, if available, or estimated),
 - iii.* the engagement partner,
 - iv.* the industry,
 - v.* whether an engagement was an initial engagement,
 - vi.* the office (if applicable), and
 - vii.* whether an engagement was a must-select or must-cover engagement (if applicable) (Ref: par. .A22)
- b.* A list of firm personnel (Ref: par. .A3)
- c.* Responses to inquiries about the areas to be addressed in the written representations

- d. The firm's prior
 - i. peer review report,
 - ii. letter of response (if applicable),
 - iii. letter of acceptance,
 - iv. findings for further consideration (FFCs) (if applicable), and
 - v. representation letter
- e. The firm's quality control documentation (Ref: par. .A4)

Understanding the Firm's Accounting and Auditing Practice and System of Quality Control

.11 The reviewer should obtain an understanding of the firm's accounting and auditing practice and system of quality control with respect to each of the quality control elements in accordance with quality control standards established by the AICPA.

.12 The understanding obtained by the reviewer should include knowledge about

- a. the firm's organization,
- b. the composition of its accounting and auditing practice, and
- c. the design of the reviewed firm's quality control policies and procedures in accordance with quality control standards established by the AICPA.

.13 To obtain an understanding of the firm's accounting and auditing practice and system of quality control, the reviewer should do the following:

- a. Inquire of appropriate management and other personnel.
- b. Review the firm's internal policies and procedures.
- c. Review the firm's quality control documentation.
- d. Inquire of the firm regarding elements of the system of quality control residing outside of the firm. (Ref: par. .A5)
- e. Complete the applicable quality control checklists.

.14 When obtaining an understanding of the firm's system of quality control, the reviewer should evaluate the design of the firm's quality control policies and procedures in relation to the size and nature of the firm's accounting and auditing practice and determine if it is appropriately comprehensive and suitably designed.

Understanding and Assessing Peer Review Risk

.15 The reviewer should use the understanding of the firm's accounting and auditing practice and system of quality control to assess inherent and control risks. The assessment of risk is qualitative and not quantitative.

.16 To assess inherent risk, the reviewer should consider the following:

- a. Circumstances arising within the firm (Ref: par. .A6)

- b. Circumstances outside the firm that affect the firm’s accounting and auditing clients (Ref: par. .A7)

.17 To assess control risk, the reviewer should consider the results of the team captain’s assessment of the firm’s design of and compliance with quality control standards established by the AICPA. (Ref: par. .A10)

.18 The reviewer should determine an acceptable level of detection risk based on the assessment of inherent and control risk. There is an inverse relationship between the level of detection risk and the level of inherent and control risk. (Ref: par. .A11)

.19 The reviewer should document the assessment of peer review risk, which includes inherent risk, control risk, and detection risk, to provide a basis for engagement selections and the extent of procedures performed. (Ref: par. .A12).

.20 To obtain reasonable assurance that the firm is complying with its quality control policies and procedures and applicable professional standards, the reviewer should review a reasonable cross section of the firm’s accounting and auditing engagements, with greater emphasis on those portions of the practice with higher combined assessed levels of inherent and control risk. (Ref: par. .A13–.A14 and .A16)

.21 There is a relationship between a reasonable cross section of the firm’s accounting and auditing practice and a risk-based approach to engagement selections. The reviewer should document in the risk assessment key decisions made when the engagement selections do not include

- a. a level of service,
- b. public interest industries, (Ref: par. .A15)
- c. an engagement type within an industry, or
- d. industries where the firm performs a high volume of engagements. (Ref: par. .A16)

.22 To support the reviewer’s selection of a reasonable cross section of the firm’s accounting and auditing practice, the reviewer should document in the risk assessment the reviewer’s consideration of industries that are represented in the firm’s “other audits” category.

.23 If a reviewer significantly reduces the scope of procedures to be performed due to reliance on the firm’s monitoring procedures, the reviewer should inform the AE and AICPA staff during review planning and document the reviewer’s procedures in the Summary Review Memorandum. (Ref: par. .A17–.A18)

.24 Engagements subject to selection for review should be those with periods ending during the year under review, except financial forecasts or projections and agreed-upon procedures engagements. For engagements without period ends, engagements with report dates during the year under review would be subject to selection. (Ref: par. .A19–.A20)

.25 If an engagement selection has not been issued and there is not another engagement that can mitigate the risks associated with that engagement, the reviewer should assist the firm in determining if (Ref: par. .A21–.A22)

- a. the firm should request an extension in writing from the AE or
- b. the peer review should be performed, and the report should include a scope limitation as described in paragraph .29.

.26 If a U.S. firm has offices in foreign countries or other “foreign jurisdictions,” the reviewer should consider whether those engagements should be subject to selection for review. If a report is issued on letterhead of an office in a foreign jurisdiction, the engagement should not be subject to selection for review. If the reviewer is unable to conclude whether an engagement should be subject to selection, the reviewer should consult with AICPA staff.

.27 Specific types of engagements should be selected in a system review (must select). Appendix C, “Additional Requirements for Must-Select and Must-Cover Engagements,” contains the engagements included in these designations. (Ref: par. .A23)

.28 To provide the firm assembly time, the reviewer should provide the selection of engagements to be reviewed to the reviewed firm in advance, but no more than two weeks before the reviewer plans to begin reviewing the engagements. (Ref: par. .A24)

Scope Limitations

.29 It is presumed that all engagements and elements of the firm's system of quality control are subject to the peer review. In the rare situations in which there are exclusions or other limitations on the scope of the peer review, the reviewer should contact the AE and do the following:

- a. Assess the reasonableness of the reasons for exclusions
- b. Assess the effect on peer review risk assessments and scope
- c. Consider whether alternate procedures can be performed
- d. Determine the effect on the peer review and on the ability of the team captain to issue a peer review report

.30 In the event of an exclusion, the reasons for the exclusion and the considerations detailed in paragraph .29 should be documented in the peer review working papers, which will be evaluated by the peer review committee as part of the peer review acceptance process.

Procedures Performed in Response to Assessment of Peer Review Risk

.31 To test the firm's compliance with its system of quality control and applicable professional standards, the reviewer should do the following:

- a. Review and evaluate the highest-risk areas on selected engagements, including accounting and auditing documentation, and reports. (Ref: par. .A25)

- b. Interview firm personnel at various levels to assess their understanding of, and compliance with, the firm's system of quality control.
- c. Review evidence to determine whether the firm has complied with its policies and procedures for each element of its system of quality control, which may include evidence since the previous peer review. (Ref: par. .A26)
- d. Review other evidence as appropriate. (Ref: par. .A27 and .A28)

.32 The reviewer should determine if the firm and its personnel are in compliance with licensure requirements of the state boards of accountancy in the states in which the firm and its personnel practice for the peer review year through the date of the peer review report by verifying the following: (Ref: par. .A29)

- a. The *practice unit* license (firm license) in the state in which the practice unit is domiciled (that is, where the main office is located)
- b. A sample of individual (personnel) licenses in the state in which the individual primarily practices public accounting

.33 If the reviewer deems it appropriate to test out-of-state licenses, the reviewer should expect the firm to provide documentation supporting its compliance with, or approach to, out-of-state licensing requirements. AICPA online CPA mobility provisions may be used to assist the reviewer in evaluating the firm's approach to firm and individual out-of-state licensing. (Ref: par. .A30)

.34 If a firm does not possess the required applicable licenses to issue accounting and auditing engagements at any time during the peer review year through the date of the peer review report, the reviewer must document this as a finding on an FFC form.

.35 If an individual with reporting responsibility does not have a current individual license to practice public accounting as required by the relevant state boards of accountancy, the reviewer should consider the engagements reported on by that individual as not performed or reported on in conformity with applicable professional standards in all material respects (nonconforming).

Evaluation of Engagements

.36 The reviewer should evaluate each engagement selected for review. The evaluation should include the following:

- a. Consideration of the financial statements or information and the related accountants' reports
- b. Review of accounting and audit documentation required by the applicable professional standards
- c. Consideration of information related to the engagement obtained through the peer review, including but not limited to engagement profile information, representations made by the firm, and other inquiries

.37 When evaluating an audit engagement, the reviewer’s procedures should include determining whether the reviewed firm has appropriately done the following: (Ref: par. .A31)

- a. Identified the significant risk areas on each audit engagement selected for the peer review
- b. Performed the necessary audit procedures related to the identified significant risk areas
- c. Documented the auditing procedures performed in these significant risk areas

.38 For each engagement reviewed, the reviewer should use peer review checklists and questionnaires to determine whether

- a. the financial statements are fairly presented in accordance with generally accepted accounting principles (GAAP) in all material respects (or when applicable, with a special purpose framework) and
- b. the firm has performed and reported on the engagement in accordance with the requirements of the applicable professional standards in all material respects.

.39 The reviewer should promptly inform the firm when an engagement is not performed or reported on in conformity with applicable professional standards in all material respects (the engagement is nonconforming) and remind the firm of its obligation under professional standards to take appropriate actions. (Ref: par. .A32)

.40 Team captains or AEs should not require firms to perform omitted procedures, reissue accounting or auditing reports, or have previously issued financial statements revised and reissued because those are decisions for the firm and its client to make. The team captain should provide information about risks in the firm’s system of quality control (as identified through the review and testing of quality control policies and procedures).

.41 At a minimum, a nonconforming engagement should be documented as a matter on a matter for further consideration (MFC) form.

Expansion of Scope

.42 If the reviewer concludes that one or more engagements are nonconforming or there is a matter in one or more elements of the firm’s system of quality control, the reviewer should document the consideration of whether the application of additional peer review procedures — an expansion of scope — is necessary. (Ref: par. .A33–.A34)

Identifying, Aggregating, and Evaluating Matters, Findings, Deficiencies, and Significant Deficiencies

Identifying Matters, Findings, Deficiencies, and Significant Deficiencies

.43 The reviewer should document a matter on an MFC form when the reviewer identifies one or more “no” answers to questions on peer review checklists that the reviewer concludes warrant

further consideration in the evaluation of a firm’s system of quality control. Matters of a similar nature or systemic cause should be documented on one MFC form.

.44 The reviewer should determine the relative importance of matters noted during the peer review, individually and in the aggregate. To determine if a matter should be elevated to a finding, deficiency, or significant deficiency, the reviewer should consider the matter’s relative importance to the firm’s system of quality control, taking into consideration the nature, systemic cause, pattern, or pervasiveness of it. (Ref: par. .A35–.A36)

Determination of the Systemic Cause

.45 The reviewer should discuss and determine in concurrence with the firm the systemic cause of matters identified. (Ref: par. .A37–.A38)

.46 If the firm underwent regulatory or governmental oversight or inspection, and similar issues were raised in both the regulatory or governmental oversight and in the peer review, the reviewer should further understand the systemic causes identified by the reviewed firm and consider whether there may be a systemic issue related to the design of or compliance with the system of quality control.

.47 If the firm’s response during the discussion and determination of the systemic cause of a matter is that the matter resulted from an “oversight” or was “isolated,” the reviewer should investigate further. Refer to paragraphs. .48 and .49 under “Isolated Matters” for additional procedures the reviewer should perform.

Isolated Matters

.48 If a matter is identified as isolated, the reviewer should follow the guidance in the sections “Expansion of Scope” and “Determination of the Systemic Cause.” The reviewer should evaluate the pervasiveness of the issue, including expanding the scope if necessary, to provide evidence that the noncompliance with the firm’s system of quality control was truly isolated. Reviewers should focus on the systemic cause of the matter when analyzing whether it is isolated. (Ref: par. .A41–.A42)

.49 Reviewers should document their considerations regarding an isolated matter, including, at a minimum,

- a. the details of the matter noted;
- b. how the reviewer expanded scope, if applicable; and
- c. why the reviewer concluded the matter was isolated.

The documentation should provide enough information for the AE’s peer review committee to determine whether the conclusion is appropriate. (Ref: par. .A43)

Aggregating and Evaluating Matters

.50 To conclude on the results of a peer review, the reviewer should aggregate the matters documented during the peer review and determine whether the matters were the result of the design of the reviewed firm's system of quality control or the failure of its personnel to comply with the firm's quality control policies and procedures.

.51 To determine the relative importance of matters, both individually and in the aggregate, to the firm's system of quality control, the reviewer should consider each matter's

- a. nature (characteristics),
- b. systemic cause (what went wrong with the firm's system of quality control),
- c. pattern (repeated), and
- d. pervasiveness (whether it is found throughout the firm's system of quality control).

When the firm has responded to matters, the team captain should consider if the response is appropriate and if the response indicates additional impacts to the peer review conclusions. Additionally, the reviewer should evaluate each matter in the context of the firm's size, organizational structure, and the nature of its practice. The relative importance of peer review matters to the firm's system of quality control will determine the impact to the peer review conclusions. In rare circumstances in which it is not practicable to identify the systemic cause, the team captain should document the reason or reasons as part of the Summary Review Memorandum and on the related MFC form. (Ref: par. .A44–.A48)

.52 The reviewer should consider the interrelationships among the elements of quality control and weigh the matters against compensating policies and procedures to determine the impact to the peer review conclusions.

.53 The reviewer should document a finding on an FFC form when the reviewer concludes that one or more related matters result from a condition in the reviewed firm's system of quality control or compliance with it such that there is more than a remote possibility that the reviewed firm would not perform or report in conformity with the requirements of applicable professional standards. Documentation of a finding should include the following:

- a. a description of the finding
- b. reference to the applicable requirements of the Statements on Quality Control Standards
- c. the scenario that led to the finding
- ~~d.~~ reference to nonconforming engagements as a result of the finding, if applicable

.54 The team captain should document a deficiency in the report when the reviewer has concluded the firm would not have reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in one or more important respects, due to the relative importance of the matter to the reviewed firm's system of quality control or compliance with it, taking into consideration the nature, systemic causes, pattern, or pervasiveness of the matter.

.55 The team captain should document a significant deficiency in the report when the captain has concluded the reviewed firm's system of quality control does not provide the reviewed firm with reasonable assurance of performing or reporting in conformity with applicable professional standards in all material respects, due to the relative importance of the matter to the reviewed firm's system of quality control or compliance with it, taking into consideration the nature, systemic causes, pattern, or pervasiveness of the matter.

.56 The team captain should complete a Disposition of Matters for Further Consideration (DMFC) for all MFCs, indicating whether each MFC was

- a. discussed with the firm and deemed resolved or considered insignificant,
- b. included on a specific FFC form (individually or combined with other MFCs), or
- c. included as a deficiency or significant deficiency (individually or combined with other MFCs) in a report with a peer review rating of *pass with deficiencies* or *fail*, respectively.

Repeat Findings, Deficiencies, and Significant Deficiencies

.57 When the same systemic cause identified in the prior review is also identified in the current review, the reviewer should determine if a repeat finding, deficiency, or significant deficiency exists. To make this determination, the reviewer should review the results of the reviewer's planning procedures to determine if the firm implemented the planned actions documented in the prior review's FFC forms or letter of response, as applicable. If the actions were implemented, the reviewer should

- a. consider if the actions taken were appropriate to remediate the weakness in the firm's system of quality control, and
- b. reconsider if the same weakness from the prior review is causing the current finding, deficiency, or significant deficiency.

.58 If a repeat finding, deficiency, or significant deficiency is identified, it should be documented as such in the FFC form or report, as applicable. ([Ref: par. .A27 of section 100](#))

Communication Requirements for Closing Meeting and Exit Conference

Closing Meeting Communication Requirements

.59 Prior to issuing the report or finalizing MFCs and FFCs, if applicable, the team captain should communicate the conclusions to the firm at a closing meeting. The team captain should discuss the following during the closing meeting: (Ref: par. .A49–.A50)

- a. Preliminary peer review results, including any matters, findings, deficiencies, or significant deficiencies, and the ~~type of report~~ expected ~~report rating to be issued~~ if determinable at this point
- b. The firm's requirement to respond to the MFCs, FFCs, or deficiencies or significant deficiencies included in the peer review report
- c. The firm's required written representations

d. Other suggestions and observations for the firm to consider (Ref: par. .A51)

.60 The closing meeting should be held within a reasonable timeframe before the firm's due date to allow enough time for the firm to determine appropriate remediation with respect to findings, deficiencies, and significant deficiencies, if applicable. (Ref: par. .A52)

.61 The team captain should consider the need to have the team members participate or be available for consultation (in person or via teleconference) during the closing meeting or exit conference, especially when, in unusual circumstances, the team captain does not have the experience to review the industry of an engagement that was reviewed by the team member. (Ref: par. .A53)

Exit Conference Communication Requirements

.62 The team captain should review and evaluate the responses on the FFC forms and letter of response prior to the exit conference. The team captain should consider the following: (Ref: par. .A54–.A55)

- a. The firm's response should include
 - i. the firm's actions taken or planned to remediate the findings or deficiencies in the firm's system of quality control and nonconforming engagements, if applicable,
 - ii. timing of the remediation, and
 - iii. additional procedures to ensure the finding or deficiency is not repeated in the future.
- b. The action should be feasible, genuine, and comprehensive.
- c. If the firm has taken action, the reviewer should review documentation of actions taken and consider whether the action is appropriate. (Ref: par. .A56)

.63 After the firm has responded to the MFCs, FFCs, and deficiencies or significant deficiencies in the report and the team captain has assessed whether the responses are appropriate and has considered any additional impact to the peer review results, the team captain should communicate the results to the firm at an exit conference. The team captain should discuss the following during the exit conference:

- a. The peer review results to be submitted to the AE, including any changes to the information communicated at the closing meeting after consideration of the firm's responses to MFCs, FFCs, and deficiencies and significant deficiencies in the report
- b. The appropriateness of the firm's response
- c. The firm's representation letter
- d. Potential implications of the peer review acceptance process and the impact to the acceptance and completion of the peer review and to the reviewed firm's enrollment in the program, including, but not limited to, the following:
 - i. Corrective actions for deficiencies and significant deficiencies and implementation plans for findings, if applicable
 - ii. Recommended report rating changes

- iii. Oversight
- e. Peer review noncooperation implications of consecutive non-pass report ratings, if applicable

Written Representations

.64 The team captain should request management of the firm to provide written representations for the peer review year that are dated as of the date of the peer review report stating the following: (Ref: par. .A57)

- a. Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting and auditing practice that provides us with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.
- b. Management acknowledges its responsibility for complying with the rules and regulations of state boards of accountancy and other regulations.
- c. Management has disclosed to the team captain all known instances of noncompliance or suspected noncompliance with the rules and regulations of state boards of accountancy or other regulatory bodies, including applicable firm and individual licensing requirements in each state in which the firm practices for the year under review. If there are known instances of noncompliance, management should summarize the instances and, if applicable, describe the remediation of the noncompliance.
- d. Management has discussed significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the team captain, if applicable.
- e. Management has fulfilled its responsibility to remediate nonconforming engagements as stated by the firm on the [*MFC form, FFC form, or letter of response*], if applicable.
- f. Management understands the intended uses and limitations of the quality control materials it has developed or adopted. Management has tailored and augmented the materials as appropriate such that the quality control materials encompass guidance that is sufficient to assist it in conforming with professional standards (including the Statements on Quality Control Standards) applicable to its accounting and auditing practice.
- g. Management has responded fully and truthfully to the team captain's inquiries.
- h. Management has provided the team captain with all relevant information, which included
 - i. all engagements with periods ending during (or, for financial forecasts or projections and agreed-upon procedures engagements, report dates in) the year under review, and
 - ii. all must-select engagements, as applicable.

- i.* Management has disclosed to the team captain if the firm performed must-select engagements for the period covered by the peer review, and, if so, at least one of each type of must-select engagement that was performed was selected and reviewed by the peer reviewer.
- j.* Management acknowledges that failure to properly include these engagements on the list could be deemed as failure to cooperate and may result in termination from the Peer Review Program and, if termination occurs, may result in an investigation of a possible violation by the appropriate regulatory, monitoring, or enforcement body.
- k.* Management has provided the team captain communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to allegations or investigations of deficiencies in the conduct of an accounting, audit, or attestation engagement performed and reported on by the firm, whether the matter relates to the firm or its personnel, within three years preceding the current peer review year-end.
- l.* Management has either disclosed that there are no known limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end, or management has included a summary of the limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end.

.65 If a firm fails to discuss significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the team captain, the team captain should immediately consult with the AE because this constitutes a failure to cooperate, and the firm would be subject to fair procedures that could result in the firm's enrollment in the program being terminated. (Ref: par. .A58)

.66 If, in addition to the representations required by paragraph .64, the team captain determines that it is necessary to obtain other representations based on the circumstances and nature of the peer review, the team captain should request such other written representations.

Reporting on System Reviews

.67 To determine the ~~type of report to issuing~~ing, the team captain should use professional judgment and consider the understanding of the firm's system of quality control and the nature, systemic causes, pattern, and pervasiveness of matters and their relative importance to the firm's system of quality control taken as a whole, including limitations on the scope of the review. (Ref: par. .A59–.A62)

.68 The written report in a system review should (Ref: par. .A63)

- a.* be dated as of the exit conference date.

- b. be issued on letterhead of the firm performing the review.⁷
- c. state at the top of the report the title “Report on the Firm’s System of Quality Control.”
- d. include headings for each of the following sections:
 - i. Firm’s Responsibility
 - ii. Peer Reviewer’s Responsibility
 - iii. Required Selections and Considerations (if applicable)
 - iv. Deficiency(ies) or Significant Deficiency(ies) Identified in the Firm’s System of Quality Control (if applicable)
 - v. Scope Limitation (if applicable)
 - vi. Opinion
- e. state that the system of quality control for the accounting and auditing practice of the firm was reviewed and include the year-end covered by the peer review.
- f. state that the peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board of the AICPA.
- g. state that a summary of the nature, objectives, scope, limitations of, and procedures performed in a system review, as described in the standards, can be found on the AICPA website where the standards are summarized.
- h. include a URL reference to the AICPA website where the standards are located, and state that the summary includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.
- i. state that the firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects and for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of applicable professional standards, where appropriate, and for remediating weaknesses in its system of quality control, if any.
- j. state that the reviewer’s responsibility is to express an opinion on the design of and compliance with the firm’s system of quality control based on the review.
- k. identify engagement types required to be selected, and indicate whether single or multiple engagements (for example, an audit versus audits) were reviewed, when applicable.
- l. state that reviews by regulatory entities, as communicated by the firm, if applicable, were considered in determining the nature and extent of procedures.
- m. in the event of a scope limitation, include an additional paragraph before the opinion paragraph that describes the relationship of the excluded engagements or elements of the firm’s system of quality control to the firm’s practice as a whole, the highest level of service and industry concentration, if any, of the engagements excluded from potential selection, and the effect of the exclusion on the scope and results of the peer

⁷ A report by a reviewer formed by an association of CPA firms should be issued on the letterhead of the firm of the team captain performing the review.

- review. The reviewer should tailor the opinion, as appropriate, to address the scope limitation.
- n. identify the different peer review ratings that the firm could receive.
 - o. in a report with a peer review rating of *pass*,
 - i. express an opinion that the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.
 - ii. state that the firm has received a peer review rating of *pass*.
 - p. in a report with a peer review rating of *pass with deficiencies*, (Ref: par. .A64)
 - i. express an opinion that, except for the deficiencies previously described, the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.
 - ii. state that the firm has received a peer review rating of *pass with deficiencies*.
 - q. in a report with a peer review rating of *fail*,
 - i. express an opinion that, as a result of the significant deficiencies previously described, the system of quality control for the accounting and auditing practice of the reviewed firm in effect for the year ended was not suitably designed or complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.
 - ii. state the firm has received a peer review rating of *fail*.
 - r. in a report with a peer review rating of *pass with deficiencies* or *fail*,
 - i. each deficiency or significant deficiency should be numbered and include (a) a descriptions of the deficiencies or significant deficiencies (each of these should be numbered), which include (b) reference to the applicable requirements of the Statements on Quality Control Standards, (c) the scenario that led to the deficiency or significant deficiency, and (a)(d) _____-reference to nonconforming engagements as a result of the deficiency or significant deficiency, if applicable.
 - ii. if there are repeat deficiencies or significant deficiencies, state that the deficiency or significant deficiency was noted in the firm’s previous peer review. This should be determined based on the systemic cause of the deficiencies or significant deficiencies. (Ref: par. .A65)
 - iii. identify the level of service for any deficiencies or significant deficiencies.
 - iv. identify the applicable industry if a deficiency or significant deficiency is industry specific.
 - v. identify any must-select engagement types in which nonconforming engagements were noted as a result of a deficiency or significant deficiency.

.69 If a firm that is not required to have a system review elects to have one in accordance with paragraph .A1 of section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*, the peer review report should be modified to include the following sentence: “[*Firm name*] has represented to us that the firm did not perform engagements that would require a system review.”

Submission of Peer Review Documentation to the AE by the Team Captain

.70 Within 30 days of the exit conference date or by the firm’s peer review due date, whichever date is earlier, the team captain should complete electronically and submit to the AE, as applicable, the following documents: (Ref: par. .A66)

- a. Report and letter of response, if applicable
- b. Summary Review Memorandum
- c. FFC forms, if applicable
- d. MFC forms, if applicable
- e. DMFC, if applicable
- f. Firm’s representation letter
- g. Engagement profiles and supplemental checklists for reviews of engagements subject to the Single Audit Act and the Uniform Guidance, if applicable
- h. Explanation of “no” answers for quality control checklists

.71 For all reviews administered by the National PRC, the team captain should submit the following documents in addition to those required by paragraph .70, as applicable: (Ref: par. .A66)

- a. All documents required to be submitted for system reviews
- b. Engagement questionnaires or checklists
- c. Quality control documents and related practice aids
- d. Staff and focus group interview forms
- e. Planning documents
- f. Any other documents considered relevant by the team captain

Application and Other Explanatory Material

Reviewer Qualifications for Team Captains (Ref: par. .05)

.A1 Peer review training courses designed to meet the requirement are located on the Peer Review page of the AICPA website.

Reviewer Qualifications for Must-Select and Must-Cover Engagements (Ref: par. .06)

.A2 The must-select additional training courses designed to meet the requirement are described on the Peer Review page of the AICPA website.

Planning (Ref: par. .09–.10)

.A3 The personnel list assists reviewers in performing their risk assessment procedures. The reviewer may request that the list include

- a. name
- b. position
- c. years of experience
 - i. with firm and
 - ii. in total

.A4 Quality control documentation will likely include the firm's quality control document, evidence of the performance of the firm's monitoring procedures, and CPE documentation, among other documents.

Understanding the Firm's Accounting and Auditing Practice and System of Quality Control (Ref: par. .11–.14)

.A5 Examples of elements that could reside outside of the firm include, but are not limited to, membership in associations, joint ventures, non-CPA-owned entities, alternative practice structures, arrangements with outside consultants, third-party quality control materials, or CPE.

Understanding and Assessing Peer Review Risk (Ref: par. .15–.19)

.A6 Circumstances within the firm may include the following:

- a. The relationship of the firm's audit hours to total accounting and auditing hours
- b. The size of the firm's major engagements relative to the firm's practice as a whole
- c. Initial engagements and their impact on the firm's practice
- d. The industries in which the firm's clients operate, especially the firm's industry concentrations
- e. The results of the prior peer review
- f. The actions of the firm in response to the prior report and FFC forms
- g. The results of any regulatory or governmental oversight or inspection procedures (Ref: par. .A8)
- h. The risk level of the engagements performed (Ref: par. .A9)
- i. The extent of nonaudit services
- j. Significant changes in the firm's practice

.A7 Circumstances outside the firm may include the following:

- a. New professional standards or those being applied initially for one or more clients

- b. Changes in regulatory requirements
- c. Adverse economic developments in an industry in which one or more of the firm's clients operate
- d. Significant developments in the client's organization

.A8 Regulatory or governmental oversight agencies may include, but are not limited to, the Department of Labor or the Department of Health and Human Services. Refer to the guidance in appendix A, "Consideration of the Results of Regulatory Oversight or Inspections in the Planning and Performance of a Peer Review."

.A9 Examples of higher-risk engagements include, but are not limited to, audits of employee benefit plans, entities subject to the Single Audit Act, entities subject to SEC complex independence requirements, and others with high-risk features or complex accounting or auditing applications.

.A10 Control risk factors may include, but are not limited to, the team captain's evaluation of the firm's policies and procedures related to the following:

- a. CPE
- b. The firm's professional library
- c. Engagement acceptance
- d. Engagement review and supervision
- e. Engagement quality control review (EQCR)
- f. Monitoring processes
- g. Recruitment and hiring
- h. Monitoring independence
- i. Timely completion of the assembly of final engagement files by engagement teams

.A11 The lower the inherent and control risk, the higher the tolerable detection risk, and vice versa.

.A12 The assessed levels of risk are the key considerations in deciding the number and types of engagements to review and, where necessary, offices to visit. Through the assessment of risk, the reviewer determines the coverage of the firm's accounting and auditing practice that will result in an acceptably low peer review risk.

Engagement Selection (Ref: par. .20–.21, .23–.24, .25, and .28)

.A13 Risk factors that may influence a reviewer's decision to select engagements include, but are not limited to, the following:

- a. Engagement size, in terms of the hours required to plan and perform the engagement
- b. Engagements involving experienced personnel hired from other firms and partners who also have office, regional, or firm-wide management, administrative, or functional responsibilities

- c. Engagements in which work on segments has been referred to other firms, foreign offices, domestic or foreign affiliates, or correspondents
- d. Engagements in which one or more affiliated entities (for example, parent companies and subsidiaries or brother and sister companies) constitute a large portion of the firm's overall clientele
- e. Engagements identified in the firm's quality control system or guidance material as having a high degree of risk
- f. Engagements in which departures from professional standards and failure to comply with the firm's quality control policies and procedures were noted in the preceding year's monitoring procedures
- g. Engagements in industries where the firm has experienced high instances of litigation, proceedings, or investigations

.A14 Risk factors that may influence a reviewer's decision to visit or select engagements from a particular office include, but are not limited to, the following:

- a. The number, size, and geographic distribution of offices
- b. The degree of centralization of accounting and auditing practice control and supervision
- c. The reviewer's evaluation, if applicable, of the firm's monitoring procedures
- d. Recently merged or recently opened offices
- e. The significance of industry concentrations and of specialty engagements, such as governmental compliance audits or regulated industries, to the firm and to individual offices
- f. Extent of nonaudit services to audit clients

.A15 Public interest industries are those that benefit the general welfare of the public, such as those that have recent regulatory and legislative developments. Public interest industries will vary across firms.

.A16 In response to the reviewer's assessed levels of risk and to obtain a reasonable cross section of the firm's accounting and auditing practice, it may be more appropriate for the engagement selection to include more than one engagement from a particular industry or engagement type (including must-select engagements).

.A17 The reviewer may determine that the firm's current year's internal monitoring procedures could enable the reviewer to reduce, in a cost-beneficial manner, the extent of the peer review procedures. Refer to the guidance in appendix B, "Considering the Firm's Monitoring Procedures to Reduce a Reviewer's Testing Procedures."

.A18 Staff may recommend that a panel from the board or its task forces review a firm's internal inspection or peer review planning in advance. In addition, a firm or peer reviewer may request that the AE review the internal inspection or peer review planning in advance.

.A19 If an engagement from the peer review year has not yet been issued, and a comparable engagement issued within the peer review year is not available, the prior year's engagement may be reviewed.

.A20 If an engagement from the peer review year and the subsequent year's engagement have been issued, the reviewer may select the more recently issued engagement based on the reviewer's assessment of peer review risk factors including, but not limited to, the following:

- a. Whether the engagement was performed during the peer review year
- b. The number of subsequent engagements available and selected for review
- c. Significant changes in the applicable professional standards
- d. The differences in issues identified in the engagements

.A21 Examples of when a firm may ~~either~~ request an extension, or ~~include~~ a scope limitation may be reflected in its peer review report include, but are not limited to, the following:

- a. A firm performing its first must-select engagement with a period end during the peer review year that has not been issued prior to the commencement of the review
- b. A firm performing an initial engagement for a client and there are no other initial engagements that have been issued during the peer review year, nor are there any for the prior period

.A22 Failure of the firm or reviewer to consider a complete population of engagements may be considered not cooperating with the program, which may result in the recall of peer review acceptance if an omission is subsequently discovered.

.A23 At least one engagement from each must-select engagement type should be reviewed according to paragraph .27. A must-cover engagement is not required to be reviewed but should be considered in the reviewer's peer review risk assessment. A member of the reviewer team should have at least recent experience in the must-select and must-cover engagements performed by the reviewed firm.

.A24 The reviewer may request that the firm provide access to one of the reviewer's selections (a surprise engagement) as soon as practical. The selection is ordinarily an audit engagement.

Procedures Performed in Response to Assessment of Peer Review Risk (Ref: par. .31–.33)

.A25 Factors to consider in determining the highest-risk audit areas include the following:

- a. The highest-risk audit areas in the client's industry (for example, revenue recognition for construction companies; inventory and accounts receivable for

manufacturing and retail concerns; policy reserves for insurance companies; or loan loss allowances for financial institutions)

- b. The highest-risk audit areas noted during the review of the financial statements and discussions with engagement personnel (for example, review of loan defaults or follow-up of litigation matters)
- c. The highest-risk audit areas identified by the firm in planning or conducting the engagement, including those areas identified in the engagement profile
- d. Recent accounting and auditing developments and pronouncements
- e. Weaknesses noted in other engagements reviewed
- f. Weaknesses noted by the firm through its monitoring procedures

.A26 If no events relative to an element of a firm’s system of quality control occurred during the peer review year, it may be necessary for a team captain to review evidence from prior to the peer review year. For example, if there were no instances of accepting new clients in the peer review year, it is appropriate to test compliance in prior years, assuming the design of the policies and procedures is the same. Another example would be when the team captain reviews the monitoring and inspection results from the intervening periods to determine appropriate design and compliance of monitoring procedures. Looking at the intervening periods allows the team captain to evaluate whether the firm is properly communicating and remediating engagement and systemic issues identified.

.A27 Examples of other evidence include, but are not limited to,

- a. selected administrative or personnel files,
- b. correspondence files documenting consultations on technical or ethical questions,
- c. files evidencing compliance with human resource requirements, and
- d. the firm’s technical reference sources.

.A28 A firm may have requirements embedded in its quality control policies and procedures that do not directly contribute to the firm’s compliance with the quality control standards established by the AICPA. For example, voluntary membership requirements that do not directly contribute to the firm’s compliance would not be tested, addressed, or reported on in the peer review process.

.A29 Acceptable documentation includes an original or copy of the license, print-out from an online license-verification system, correspondence from the licensing authority, or other reasonable alternative documentation. The reviewer’s judgment may be needed to determine what alternative documentation is reasonable.

.A30 A reviewer may verify an out-of-state practice unit license or an out-of-state individual license on an individual engagement basis, when that engagement is selected for review and was

performed by the reviewed firm in another state requiring a firm or individual license. The decision to perform further testing is based on the reviewer's understanding of the firm's quality control procedures related to licensing and the related risk of noncompliance.

Evaluation of Engagements (Ref: par. .37 and .39)

.A31 Audit engagement areas where risk may be significant include, but are not limited to, fraud considerations, use of estimates, emerging issues, and assertions that are difficult to audit.

.A32 Although it is ultimately the firm's responsibility, the team captain and firm may collaborate to determine the remediation.

Expansion of Scope (Ref: par. .42)

.A33 An expansion of scope may include the review of all or relevant portions of one or more engagements. Additional engagements may be

- a. in the same industry,
- b. supervised by the same individual, or
- c. have characteristics associated with the failure to perform or report in conformity with applicable professional standards.

.A34 An expansion of scope may be necessary to determine

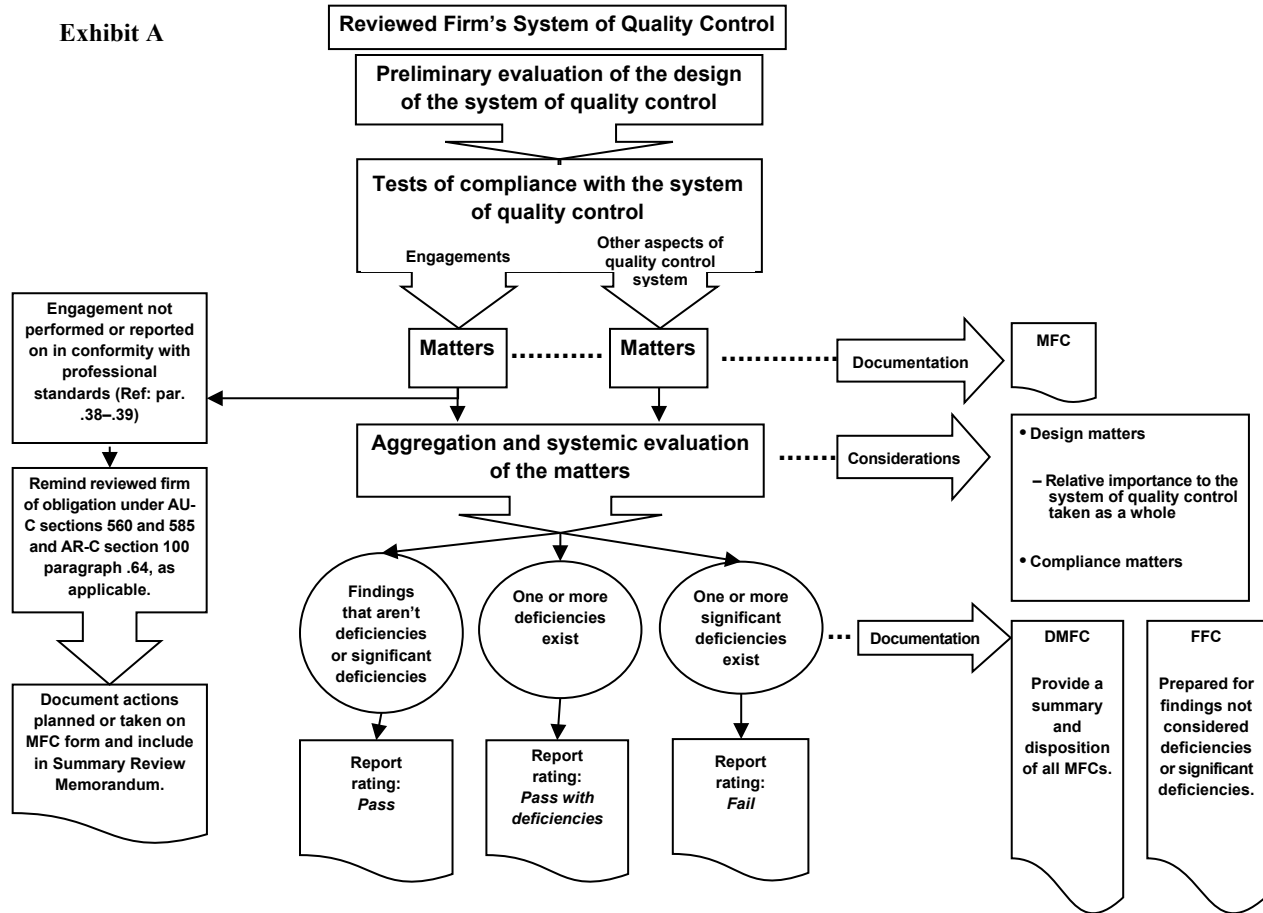
- a. the pattern and pervasiveness of matters identified,
- b. the systemic cause of a matter,
- c. if a matter is isolated, or
- d. if a matter should be elevated to a finding, deficiency, or significant deficiency.

Identifying, Aggregating, and Evaluating Matters, Findings, Deficiencies, and Significant Deficiencies

Identifying Matters, Findings, Deficiencies, and Significant Deficiencies (Ref: par. .44)

.A35 Exhibit A shows a broad understanding of the peer review process, from the evaluation of the design of the system of quality control, to the tests of compliance, to the determination of a matter, finding, deficiency, or significant deficiency. It also illustrates the aggregation of these items, their documentation, and their potential impact to the report rating.

Exhibit A



.A36 One or more matters may be elevated to a finding, deficiency, or significant deficiency.

Determination of the Systemic Cause (Ref: par. .45)

.A37 Matters may be symptoms of weaknesses in the firm’s system of quality control.

.A38 The “no” answers identified when completing peer review checklists for the review and testing of quality control policies and procedures are a helpful resource for reviewers to assess the systemic cause.

.A39 Separate matters that are exactly the same may result from different weaknesses in the firm’s system of quality control. Likewise, separate matters that are different may result from the same weakness in the firm’s system of quality control.

.A40 The following are some examples of systemic causes that could affect the type of peer review report issued. The examples cover a broad range of conditions that may not be relevant to every peer review and are not a complete list.

- a. The failure related to a specialized industry practice, and the firm had no experience in that industry and made no attempt to acquire training in the industry or to obtain appropriate consultation and assistance.
- b. The failure related to an issue covered by a recent professional pronouncement, and the firm had failed to identify, through professional development programs or appropriate supervision, the relevance of that pronouncement to its practice.
- c. The failure may have been detected if the firm's quality control policies and procedures had been followed.
- d. The failure may have been detected by the application of quality control policies and procedures commonly found in firms similar in size or nature of practice. That judgment can often be made by the reviewer based on personal experience or knowledge; in some cases, the reviewer will wish to consult with the AE before reaching such a conclusion.

Isolated Matters (Ref: par. .48–.49)

.A41 The reviewer's ability to conclude that a matter is isolated may be dependent on the reviewer's ability to expand the scope to engagements or elements that are classified by common characteristics such as, but not limited to, the industry, level of service, the practitioners in charge, or must-select engagements.

.A42 A matter is not isolated if there is only one instance available for the reviewer to evaluate. For example, if the matter relates to noncompliance with professional standards regarding employee benefit plans and the firm performs only one employee benefit plan engagement, then the matter would not be considered isolated.

.A43 Considerations of an isolated matter may be documented in the related MFC form, DMFC form, or Summary Review Memorandum.

Aggregating and Evaluating Matters

.A44 The more direct the relationship between a specific quality control policy and procedure and the application of professional standards, the greater the probability that the firm may not perform or report in conformity with applicable professional standards in all material respects when that policy or procedure is not complied with.

.A45 An isolated matter or instance of noncompliance with the firm's system of quality control may be elevated to a finding, deficiency, or significant deficiency when evaluated with the review's other matters (in the aggregate). For example, a single disclosure matter and a single documentation matter may be isolated when taken individually, but they may have resulted from the same systemic cause, or an isolated matter may be materially significant in amount or nature, or both.

.A46 There may be circumstances in which the reviewer identifies few findings in the work performed by the firm but may conclude that the firm's system of quality control would not be

effective if complied with. For example, a firm that is growing rapidly and adding personnel and clients may not be giving appropriate attention to the policies and procedures necessary in areas such as human resources (hiring, assigning personnel to engagements, and advancement) and acceptance and continuance of clients and engagements. A reviewer may conclude that these conditions could create a situation in which the firm would not have reasonable assurance of performing or reporting in conformity with applicable professional standards in one or more important respects and may result in a deficiency or significant deficiency in a report with a peer review rating of *pass with deficiencies* or *fail*.

.A47 Variances in individual performance and professional interpretation may affect the degree of compliance with a firm's system of quality control. However, the degree of compliance with the firm's quality control policies and procedures needs to be adequate to provide the reviewed firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

.A48 A design or compliance matter, by itself, may result in a peer review rating of *pass with deficiencies* or *fail* when one or more conditions are present in the firm's system of quality control and the reviewer has concluded that the conditions could create a situation in which the firm would not have reasonable assurance of performing or reporting in conformity with applicable professional standards in one or more respects. Examples include, but are not limited to, the following:

- a. Failure to establish or comply with quality control policies and procedures designed to provide the firm with reasonable assurance that the internal culture is based on recognition that quality is essential in performing engagements. This may be evidenced by the lack of a quality control document, failure to appropriately respond to findings in a regulatory investigation, or failure to have a timely peer review.
- b. Failure to comply with relevant ethical requirements. This may be evidenced by failure to obtain independence confirmations from all personnel, failure to inform personnel on a timely basis of changes to the list of clients and related entities, or failure to address potential breaches of independence.
- c. Failure of the firm to undertake or continue relationships and engagements only when the firm is competent to perform the engagements. This may be evidenced by failure to have policies and procedures in place to require evaluation of the nature of the services to be provided, evaluation of the firm's resources to provide the services, or evaluation of the need to engage a third party to assist in new industries.
- d. Failure of the firm to have personnel with the competence, capabilities, and commitment to ethical principles necessary to perform engagements in accordance with professional standards. This may be evidenced by failure to have policies and procedures requiring personnel to maintain a CPA license, comply with industry-specific CPE requirements, or ensure appropriate industry experience on engagement teams.
- e. Failure of the firm to comply with monitoring of the firm's system of quality control. This may be identified by lack of monitoring of appropriate CPE for all firm personnel,

lack of monitoring of all elements of the firm’s system of quality control in the firm’s peer review year, or failing to appropriately respond to issues identified during engagement inspection.

Communication Requirements for Closing Meeting and Exit Conference

Closing Meeting Communication Requirements (Ref: par. .59–.61)

- .A49 The closing meeting may also be attended by representatives of the AE, the board, AICPA staff, or other board-authorized organizations with oversight responsibilities.
- .A50 The purpose of a separate closing meeting and exit conference is to provide the firm sufficient time to determine appropriate responses to the matters, findings, deficiencies, and significant deficiencies identified and to provide the team captain with sufficient time to assess the firm’s responses prior to the report date (exit conference date). If these steps have been taken prior to the closing meeting or are not necessary, the closing meeting and exit conference may be combined.
- .A51 Other suggestions and observations may include implications of upcoming changes in professional standards, operational or efficiency suggestions, and minor areas for improvement.
- .A52 A reasonable timeframe is typically 30 days.
- .A53 If the engagement was reviewed by a specialist, it may be beneficial for the specialist to be available for or participate in the exit conference.

Exit Conference Communication Requirements (Ref: par. .62)

- .A54 The purpose of the firm’s response on the FFC form or in the letter of response is for a firm to document the specific actions that will be taken to correct findings, deficiencies, and significant deficiencies noted by the reviewer.
- .A55 The AE’s peer review committee (committee) may require the firm to make and document appropriate considerations regarding nonconforming engagements as a condition of acceptance of the peer review. The firm response may affect other monitoring actions the committee may impose, including actions to verify that the firm adheres to the intentions indicated in its response.
- .A56 Examples of firm actions that may be taken in response to nonconforming engagements include, but are not limited to, the following:
 - a. Performing omitted procedures performed (including documentation)
 - b. Reissuing reports and financial statements
 - c. Notifying users to discontinue use of previously issued reports

Written Representations (Ref: par. .64–.65)

.A57 Exhibit A, “Illustrative Representation Letter,” in section 310 provides an illustrative example of a firm’s representation letter.

.A58 Examples of how a team captain may discover significant issues include the following:

~~a. The team captain reviews the referral database and identifies a referral specific to the firm or a professional within the firm.~~

b.a. The AE provides the team captain with a referral specific to the firm or a professional within the firm.

e.b. The team captain identifies information about significant issues within a firm from a news outlet or publicly available website (for example, via the PCAOB, state board of accountancy, and so on).

Reporting on System Reviews (Ref: par. .67 and .69)

.A59 A report with a peer review rating of *pass* is issued when the team captain concludes that the firm’s system of quality control for the accounting and auditing practice has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

.A60 A report with a peer review rating of *pass with deficiencies* is issued when the team captain concludes that the firm’s system of quality control for the accounting and auditing practice has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects with the exception of a certain deficiency or deficiencies that are described in the report.

.A61 A report with a peer review rating of *fail* is issued when the team captain has identified significant deficiencies and concludes that the firm’s system of quality control is not suitably designed to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects or the firm has not complied with its system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

.A62 In the event of a scope limitation, a report with the applicable peer review rating (*with a scope limitation*) is issued.

.A63 Exhibit B, “Illustrative Examples of the Reviewer’s Report on the Firm’s System of Quality Control,” contains example reports that may be tailored by the reviewer to meet the requirements described in paragraph .69.

.A64 Reference to plural “deficiencies” could also apply to a singular item within the standards. For instance, there could be deficiencies or a deficiency. The wording in the peer review report should be tailored as necessary.

.A65 If there are repeat deficiencies that have occurred on prior consecutive reviews, the captain should state in the current report that “this deficiency was noted on previous reviews.”

Submission of Peer Review Documentation to the AE by the Team Captain (Ref: par. .70–.71)

.A66 All peer review ~~s~~ ~~working papers~~ are subject to oversight ~~procedures~~ and working papers may be requested ~~later~~ by the AE or AICPA staff.

Appendix A — Consideration of the Results of Regulatory Oversight or Inspections in the Planning and Performance of a Peer Review (Ref: par. .A8)

.A67

.01 This appendix contains information related to team captain considerations when a reviewed firm has undergone oversight or inspection by regulatory or governmental bodies.

Oversight or Inspections by Regulatory or Governmental Entities

.02 Oversight or inspections by regulatory or governmental entities performed on a firm (for instance, the Department of Labor, the Department of Health and Human Services, or other local, state, or federal entities are certainly relevant when assessing peer review risk. The goals of regulatory or governmental oversight, however, may differ from the purpose of a system review. Therefore, although it would be inappropriate for a team captain to place reliance on regulatory or governmental oversight results, it is appropriate for a team captain to consider the following factors when determining the impact of regulatory or governmental oversight and communications from regulatory or governmental bodies on peer review risk:

- a. The impact of regulatory or governmental oversight on the scope of the peer review.* Both the inherent risk and control risk associated with a peer review may be affected if the types of engagements subject to regulatory or governmental oversight are also within the scope of engagements that can be selected for peer review. For example, the nature, systemic cause, pattern, or pervasiveness of issues identified by oversight may affect the assessed inherent risk as it relates to the firm's demonstrated expertise in performing the relevant types of engagements and the assessed control risk as it relates to how the system of quality control is designed to prevent issues in the relevant types of engagements and the effectiveness of those controls.

Although more substantive comments are more likely to affect the peer review engagement selections, a lack of comments from oversight or inspection does not necessarily indicate that the firm's system of quality control is operating effectively for the relevant industry practice. Ultimately, the impact to the peer review risk assessment (and thus the nature, timing, and extent of testing performed) will be based on the evaluation of the significance of the comments related to the firm's accounting and auditing practice performed by the team captain.

Finally, understanding the systemic causes of and firm responses to any deficiencies or indications of engagements that were not performed or reported on in conformity with applicable professional standards in all material respects identified by the oversight body is vital when determining the impact of oversight or inspection on the peer review risk assessment and engagement selection. Understanding these systemic causes and firm responses might also help the team captain identify the systemic causes of any similar matters that are identified as a result of the review team's review of engagements during the peer review.

- b. The timing of the regulatory or governmental oversight results.* The time period covered by the regulatory oversight results is also relevant in determining the usefulness of the information when assessing peer review risk and determining the impact (if any) on the nature, timing, and extent of peer review procedures. For example, the oversight results from more recently completed oversight are likely to be more relevant than the results from older oversight. Any open or ongoing oversight, the status of that oversight, and the firm's preliminary remediation plans (if applicable) would also be relevant for a team captain's risk assessment.
- c. The firm's responsiveness to regulatory or governmental oversight results.* The degree of the firm's responsiveness to oversight findings and other communications, as evidenced by the remediation planned or taken, is also an important aspect of the team captain's risk assessment. Remediation efforts by the firm may affect industries that are subject to peer review and may assist the team captain when considering the design of the firm's system of quality control or compliance with it.
- d. The size of the firm relative to its specialized industry practices.* The relative significance of the specialized industry practices subject to regulatory oversight as compared to the firm's total practice is an important factor when determining the relevance of the oversight results to the peer review, as this may affect the reviewer's evaluation of the firm's design of and compliance with its system of quality control.

Inspections by the PCAOB

.03 Although PCAOB inspection reports cover only the portion of a firm's practice that is subject to permanent inspection, most firms typically have only one system of quality control. As a result, the PCAOB inspection report may contain information that could assist the reviewer in assessing peer review risk. The firm will have valuable insight on both the public and nonpublic portions (if made available) of either the most recently released PCAOB inspection reports or any ongoing PCAOB inspection. These insights will assist the team captain in identifying risks with the firm's system of quality control.

.04 Similarly to other oversight or inspections, the nature, relative importance, systemic cause, pattern, or pervasiveness of the findings contained in PCAOB inspection reports may affect the nature, timing, and extent of peer review procedures. By performing the following steps, a team captain can properly identify risks associated with the firm's system of quality control:

- a.* Consider the information contained in public portions of recent PCAOB inspection reports.
- b.* Consider the information in the nonpublic portions of the PCAOB inspection reports, if made available by the firm.
- c.* Consider the information made available by the firm related to any ongoing PCAOB inspections.
- d.* Perform further inquiry of the firm to determine the offices, and partners, related to findings detailed in the PCAOB report.

- e.* Determine which PCAOB findings (if any) may be applicable to the portion of the firm's practice that was not subject to PCAOB inspection.
 - f.* Understand the systemic causes of the findings (as determined by the firm).
 - g.* Understand how the firm remediated the findings for the most current inspection (or the firm's remediation plan).
 - h.* Consider the firm's remediation history with respect to PCAOB inspection findings (if any).
- .05** As a reminder, discussing PCAOB inspection findings does not permit the peer reviewer to request the nonpublic portions of the PCAOB inspection report.

Appendix B — Considering the Firm’s Monitoring Procedures to Reduce a Reviewer’s Testing Procedures (Ref: par. .A19)

.A68

.01 This appendix contains information on the team captain’s considerations of the firm’s monitoring procedures when the team captain plans to reduce scope based on those procedures. If a firm and team captain work collaboratively and with an integrated approach, regardless of the size of the firm, the team captain could maximize the benefits of taking into account a firm’s current-year internal inspection and other relevant factors (for example, regulatory oversight from the PCAOB or other regulatory or governmental entities, such as the Department of Labor [DOL], the Department of Health and Human Services [HHS], or local regulatory agencies) in determining inherent and control risk. However, given that the peer review covers a defined year, internal inspection procedures and results for a year outside the peer review year are not likely to be relevant.

.02 In making a judgment about the effects that the firm’s current-year internal inspection procedures will have on the selection of offices and engagements to be reviewed, the team captain will likely need to consider the following:

- a. The firm’s cooperation and willingness to share all relevant information
- b. Whether the firm’s internal inspection procedures are robust
- c. Whether the firm’s internal inspection includes all clients, even those not subject to the AICPA’s peer review standards
- d. The potential biases of the firm’s internal inspectors and the impact of those biases on the internal inspection results

.03 The team captain will also likely need to consider the extent of the review team’s involvement in the internal inspection process, including the following:

- a. Level of involvement in internal inspection planning, such as inclusion in discussions or meetings, and the team captain’s approval of internal inspectors’ qualifications, the internal inspection’s risk assessment, scopes, risk-based approach, and office or engagement selections.
- b. Coordination of peer review planning with internal inspection planning.
- c. An in-depth understanding of the firm’s internal inspection process, including an assessment of its design and effectiveness.
- d. The level of contemporaneous testing of the firm’s internal inspection procedures (commonly called “piggyback reviews” or “piggyback testing”). The less piggyback testing a review team performs, the more direct testing the review team would need to

perform, and vice versa. In order to be effective, procedures for piggyback testing would need to be similar to those for direct testing. For example, engagement piggyback testing procedures could include a review of financial statements, working papers, and the engagement checklist being used by the internal inspector, as well as participation by the review team in discussions, meetings, or both between the internal inspector and the engagement partner or manager and related follow-up procedures. Although testing of internal inspection procedures can be performed after the internal inspection procedures are completed, this type of testing will not provide the peer reviewer with the same level of understanding and insight into the internal inspection process as piggyback testing would. In addition to piggyback testing, a reviewer may perform supplant reviews, for which the reviewer becomes a member of the internal inspection team and participates in one or more reviews of engagements. Supplant reviews enable a reviewer to evaluate the internal inspection team's process and decision-making, and as with piggyback reviews, there is a correlation between the level of the reviewer's involvement in the internal inspection and direct testing.

- e. Assessment of how the internal inspectors resolve open matters and deal with potential issues detected in their reviews.
- f. The scopes and selections of the internal inspectors and the use of peer review to balance out the coverage.
- g. The correlation between the findings of the reviewer and internal inspection, evaluated with regard to the peer review's scope.

.04 The results of these considerations assist the team captain in determining the appropriate amount of procedures to be performed by the review team. A team captain may be able to significantly reduce the scope of the procedures the review team directly performs. For example, a significant reduction would be permitted when the extent of the peer reviewer's involvement with the firm's internal inspection is so timely and significant that the peer review and internal inspection can be viewed as an integrated activity. In this example, the collaboration would result in a reallocation of effort and resources between the review team and the firm in such a way that the overall scope and the effort involved are not diminished and, if anything, are enhanced. The resulting peer review would remain as rigorous as a peer review in which there is no consideration of internal inspections or other inputs.

.05 Ultimately, if the reviewer plans to consider the current-year internal inspection procedures to reduce the scope of the peer review, the team captain would need to determine that the firm's internal inspection procedures

- a. were applied properly in the reviews of individual practice offices and engagements.
- b. were carried out conscientiously by competent persons with appropriate expertise and objectivity.

- c. produced findings that are representative of the work performed by the firm and therefore can be considered by the review team to reach an overall conclusion regarding the firm's compliance with its quality control policies and procedures.

.06 As stated when discussing piggyback testing, testing performed by the review team in order to reach these conclusions can be performed contemporaneously or after internal inspection procedures have been completed.

.07 Examples of procedures a review team would perform when testing the effectiveness of the internal inspection procedures contemporaneously with the performance by the internal inspection team performing the procedures include the following:

- a. Re-performing the review of a sample of engagements subjected to internal inspection procedures
- b. Re-performing the review of a sample of the quality control policies and procedures (functional elements) subjected to internal inspection procedures in the offices
- c. Comparing the review team's findings to the internal inspection team's findings and resolving any differences
- d. Attending discussions of engagement findings and the overall office findings, if applicable

.08 Examples of procedures a review team would perform when testing the effectiveness of the internal inspection procedures after the procedures have been completed include the following:

- a. Re-performing the review of a sample of engagements
- b. Re-performing the review of a sample of the quality control policies and procedures (functional elements) subjected to internal inspection procedures in the offices
- c. Comparing the review team's findings to the internal inspection team's findings and resolving any differences

Practical Examples Related to Relying on a Firm's Internal Inspection Procedures

.09 The following are example scenarios a team captain could encounter when considering whether or not to rely on a firm's internal inspection procedures. Of course, these examples cannot address all the different factors a team captain could consider, and thus, the team captain will need to use judgment in determining whether and to what extent the reviewer could reduce or modify scope.

Example 1: A firm has 800 employees, 10 offices, and a strong centralized quality control department; operates by industry segment; and has pre-issuance reviews and annual internal inspections. It is registered with the PCAOB, undergoes annual PCAOB inspection, and has one

system of quality control for both SEC and non-SEC engagements. Based on various factors, the peer reviewers have assessed inherent and control risk as low. Prior peer reviews have been *pass* reports. Internal inspection appears robust, and beginning last year, the firm lowered the bar for “no” responses on checklists used for internal inspections. The peer reviewers were integrally involved in the internal inspection, approved the planning, and attended several office exit conferences. In addition, they performed piggybacks on 5 percent of the firm’s internal inspection procedures, and those procedures confirmed other internal inspection results. The PCAOB was involved in the current year’s internal inspection planning, and results of the prior year’s PCAOB inspection mirrored prior internal inspection results. Results from a DOL audit that covered the peer review year raised an issue that was also highlighted during the current year’s internal inspection. *The peer reviewers could consider maximum reliance on the internal inspection process and thus consider a reduction in scope or procedures.*

Example 2: A firm has 300 employees and 5 offices. The firm has undergone several mergers in the past two years. Engagements undergo pre-issuance review, and each office performs its own internal inspection that is then sent to the main office. The firm engaged new peer reviewers and asked them to implement the guidance contained in this document with the intent of reducing scope and procedures and thus costs. The peer reviewers participated in planning meetings and performed a number of piggybacks. However, the peer reviewers disagree with some of the judgments made by the internal inspectors and believe that the results from the offices are not being consolidated adequately. They are concerned that the integration of the firms has not been successful. The firm is registered with the PCAOB and underwent an inspection in the past year. However, the report is not yet public, and the firm is unable or unwilling to communicate the results or its experiences with the peer reviewers. *The peer reviewer would not be able to place significant reliance on internal inspection to reduce scope or procedures in this example.*

Example 3: A firm has 60 employees and 2 offices. It performs pre-issuance reviews and annual internal inspections. The peer reviewers have assessed inherent and control risk as moderate. Prior peer reviews have been *pass* reports with a few findings for further consideration. The firm has a very experienced and highly regarded quality control director who is assisted by several of the firm’s more technical partners each year in performing the internal inspection. They approach the internal inspection seriously. The peer reviewers were integrally involved in the internal inspection, approved the planning, and attended several office exit conferences. In addition, they performed piggybacks on 7 percent of the firm’s internal inspection procedures, and those procedures confirmed other internal inspection results, even though they revealed several issues that might lead to findings. The firm is registered with the PCAOB and underwent an inspection in the prior year. The quality control director shared the PCAOB’s matter sheets with the peer reviewers. The PCAOB had noted that staff was not adequately documenting considerations related to fraud on the SEC engagements. The internal inspectors paid particular attention to this matter and agreed that it was a problem for one of the offices. *The peer reviewers could consider*

moderate reliance on the internal inspection process and, thus, some reduction in scope or procedures.

Example 4: A firm has 20 employees and 1 office. It has no SEC engagements and is not registered with the PCAOB. Its last peer review was *pass* with no findings. The firm performs pre-issuance reviews and annual internal inspections. The partner that performs the internal inspection is also the pre-issuance reviewer or engagement partner on many of the firm's audit engagements. The firm's annual internal inspection is performed in the spring, but, due to scheduling conflicts, its peer reviewer, who comes from out of state, is only available in the fall. The two peer reviewers typically review four audits and four reviews or compilations, within a two- or three-day timeframe. *Cost-benefit and other considerations would most likely lead the firm and the peer reviewers to conclude that there should be no reliance on the internal inspection to reduce scope or procedures.*

Appendix C — Additional Requirements for Must-Select and Must-Cover Engagements (Ref: par. .27)

.A69

.01 This appendix contains the engagements identified as must select and must cover.

Must-Select Engagements

.02 The following paragraphs discuss must-select engagement types. One or more engagements should be reviewed from each must-select engagement type, taking into consideration requirements related to assessing peer review risk and engagement selection. (Ref: par. .20–.21, .23–.24, .25, and .28)

Engagements Under *Government Auditing Standards*

.03 *Government Auditing Standards* (GAS), issued by the U.S. Government Accountability Office, requires auditors conducting engagements in accordance with those standards to have a peer review that includes the review of at least one engagement conducted in accordance with those standards. Additionally, if the firm performs engagements of entities subject to the Single Audit Act, the reviewer must evaluate a compliance audit.

.04 Inclusion of a must-select engagement should not supersede the reviewer’s consideration of engagements and industries that have a significant public interest, such as state and local governments, school districts, and Department of Housing and Urban Development (HUD) engagements. For example, if for-profit HUD multifamily housing project audit engagements constitute a significant percentage of a firm’s practice, one would expect the reviewer to select at least one such engagement for review. However, if the firm also performed an audit of an engagement subject to the Single Audit Act, such as a local government or not-for-profit organization, one such engagement must also be selected to perform an evaluation of the firm’s single audit compliance. Peer reviewers should also consider audit firm experience such as how many governmental audits the firm performs, the number of years’ experience in performing these engagements, the number of team members with experience, whether the team members have undergone CPE or specialized training, and reasonableness of hours spent on GAS engagements. Further consideration should be given to communications from regulatory agencies.

Audits of Employee Benefit Plans Under ERISA

.05 Regulatory and legislative developments have made it clear that there is a significant public interest in, and a higher risk associated with, audits conducted pursuant to the Employee Retirement Income Security Act of 1974 (ERISA).

.06 For employee benefit plans under ERISA, the peer reviewer should consider whether the engagement selection process has adequately addressed the risks involved in ERISA Section 103(a)(3)(C) audits (formerly called “limited-scope” audits) versus non-ERISA 103(a)(3)(C) audits (formerly called “full-scope” audits) and in different types of benefit plans such as defined

benefit, defined contribution, and voluntary health and welfare plans. If a firm has more than one of the preceding types of plans, a selection from each type of plan is not required; however, the reviewer must consider the unique risks associated with those types of plans and document how these risks were addressed in the risk assessment. Peer reviewers should also consider audit firm experience such as how many ERISA audits the firm performs, the number of years' experience in performing these engagements, the number of team members with experience, whether the team members have undergone CPE or specialized training, and reasonableness of hours spent on ERISA engagements. Consideration should also be given to communications from regulatory agencies.

Audits Under FDICIA

.07 The 1993 FDIC guidelines implementing the FDICIA require auditors of federally insured depository institutions having total assets of \$500 million or greater at the beginning of the fiscal year to have a peer review that includes the review of at least one audit of an insured depository institution subject to the FDICIA.

.08 For FDICIA engagements, peer reviewers should take into consideration the amount of total assets held by the federally insured depository institution (less than \$500 million, more than \$500 million, more than \$1 billion). Peer reviewers should also consider audit firm experience, such as how many FDICIA audits the firm performs, the length of experience in performing these engagements, the number of team members with experience, whether the team members have undergone CPE or specialized training, and reasonableness of hours spent on FDICIA engagements. Further consideration should be given to the risks of the audited company, such as the level of reporting the institution complies with (the holding company level or the bank subsidiary level, and the regulatory issues associated with each), the balance of the lending portfolio (the industries and concentration percentage of the portfolio), any regulatory correspondence and examination results, capital ratios, financial institution management experience, economic environment and geographic location of the institution, number of branches, and experience and longevity of the board of directors and audit committee.

Examinations of Service Organizations

.09 Due to the reliance of user entities on system and organization control (SOC) reports, particularly SOC 1[®] and SOC 2[®] reports,⁸ there is a significant public interest in examinations of service organizations relevant to user entities. If a firm performs an examination of one or more service organizations and issues a SOC 1 or SOC 2 report, at least one examination should be reviewed. If a firm performs both SOC 1 and SOC 2 engagements and a proper risk assessment determined that only one SOC engagement should be selected, a SOC 1 engagement should be reviewed due to the reliance on the report by other auditors.

⁸ In 2017, the AICPA introduced the term *system and organization controls* (SOC) to refer to the suite of services practitioners may provide relating to system-level controls of a service organization and system- or entity-level controls of other organizations. Formerly, SOC referred to service organization controls. By redefining that acronym, the AICPA enables the introduction of new internal control examinations that may be performed (a) for other types of organizations, in addition to service organizations, and (b) on either system-level or entity-level controls of such organizations.

.10 The peer reviewer should consider whether the engagement selection process has adequately addressed the risks involved in different types of SOC engagements (SOC 1 and SOC 2 engagements). If a firm performs more than one of the preceding types of SOC engagements, the reviewer must consider the unique risks associated with that type of engagement and document how these risks were addressed in the risk assessment. Peer reviewers should also consider audit firm experience such as how many SOC engagements the firm performs, the length of experience in performing these engagements, the number of team members with experience, whether the team members have undergone CPE or specialized training, whether the firm utilizes a group that specializes in internal controls for completing its SOC engagements, and reasonableness of hours spent on SOC engagements. Additional consideration should be given to whether the firm performs SOC engagements with significant subservice organizations identified in the auditor's opinion (the inclusive method is higher risk than the carve-out method). Further consideration should be given to communications from regulatory agencies. Although SOC 1 and SOC 2 engagements are different, noncompliance for one type may be indicative of noncompliance in the other. SOC 3[®] engagements are not must-select engagements, but when considering the pervasiveness of a systemic cause and the portion of the firm's practice that may be affected by matters identified with other SOC engagements, the reviewer should also consider SOC 3 engagements.

Must-Cover Engagements

.11 The board periodically assesses engagements that may currently have the most significant public interest and deems them must-cover engagements. These engagements, in addition to the must-select engagement types described previously, are must-cover engagements for all firms.

.12 The following are must-cover engagements: (Ref: par. .11 of section 100)

- a. Internal control reports issued under the FDICIA when total assets exceed \$1 billion
- b. State and local governments
- c. Any industry that has a 10 percent or more concentration of the firm's audit practice

Exhibit B — Illustrative Examples of the Reviewer’s Report on the Firm’s System of Quality Control

.A70 This exhibit contains various illustrations of a peer reviewer’s report on a firm’s system of quality control (system reviews).

Illustration 1 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass

Illustration 2 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With a Scope Limitation

Illustration 3 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies

Illustration 4 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies With a Scope Limitation

Illustration 5 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail

Illustration 6 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail With a Scope Limitation

Illustration 1 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass

[Firm letterhead for a firm-on-firm review; team captain’s firm letterhead for an association-formed review team]

Report on the Firm’s System of Quality Control

[Exit Conference Date]

To the Partners of *[or other appropriate terminology]* XYZ & Co. and the Peer Review Committee of the *[insert the name of the applicable administering entity]*,^{fn 1}

We^{fn 2} have reviewed the system of quality control for the accounting and auditing practice of XYZ & Co. (the firm)^{fn 3} in effect for the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm’s Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

^{fn 1} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of *[or appropriate terminology]* XYZ & Co. and the National Peer Review Committee”

^{fn 2} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 3} The report of a firm who is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Peer Reviewer’s Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm’s system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1 and SOC 2 engagements).^{fn 4}

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of XYZ & Co.^{fn 5} in effect for the year ended June 30, 20XX, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co. has received a peer review rating of *pass*.

[Name of team captain’s firm]

^{fn 4} If the firm performs audits of employee benefit plans; engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of depository institutions with total assets of \$500 million or greater at the beginning of the institution’s fiscal year; examinations of service organizations (SOC 1 and SOC 2 engagements); or other engagements required to be selected by the board, the engagement type(s) selected for review should be identified in the report using this paragraph, tailored as applicable. If the reviewer selected an engagement under *Government Auditing Standards* (excluding engagements subject to the Single Audit Act) and also selected an engagement solely to evaluate a compliance audit under the Single Audit Act, this portion of the sentence should read as follows: “*Government Auditing Standards*, compliance audits under the Single Audit Act,” and so on. For SOC engagements, the paragraph should be tailored to reflect the type(s) selected for review. The paragraph should be tailored to indicate if single or multiple engagements were selected for review (for example, an audit versus audits). If the firm does not perform such engagements, this paragraph is not applicable and not included in the report.

^{fn 5} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Illustration 2 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With a Scope Limitation

[*Firm letterhead for a firm-on-firm review; team captain’s firm letterhead for an association-formed review team*]

Report on the Firm’s System of Quality Control

[*Exit Conference Date*]

To the Partners of [*or other appropriate terminology*] XYZ & Co. and the Peer Review Committee of the [*insert the name of the applicable administering entity*],^{fn 1}

We^{fn 2} have reviewed the system of quality control for the accounting and auditing practice of XYZ & Co. (the firm)^{fn 3} in effect for the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

The nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

The Firm’s Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer’s Responsibility

^{fn 1} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of [*or appropriate terminology*] XYZ & Co. and the National Peer Review Committee”

^{fn 2} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 3} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1 and SOC 2 engagements).^{fn 4}

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Scope Limitation^{fn 5}

In performing our review, the firm notified us that we would be unable to review the engagements performed by one of its former partners who left the firm during the peer review year. Accordingly, we were unable to include in our engagement selection any of the divested engagements. That partner's responsibility was concentrated in the construction industry. The engagements excluded from our engagement selection process included audit engagements and comprised approximately 15 percent of the firm's audit and accounting practice during the peer review year.

Opinion

In our opinion, except for any deficiencies or significant deficiencies that might have come to our attention had we been able to review divested engagements, as previously described, the system of quality control for the accounting and auditing practice of XYZ & Co.^{fn 6} in effect for the year ended June 30, 20XX, has been suitably designed and

^{fn 4} If the firm performs audits of employee benefit plans, engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of depository institutions with total assets of \$500 million or greater at the beginning of the institution's fiscal year; examinations of service organizations (SOC 1 and SOC 2 engagements); or other engagements required to be selected by the board, the engagement type(s) selected for review should be identified in the report using this paragraph, tailored as applicable. If the reviewer selected an engagement under *Government Auditing Standards* (excluding engagements subject to the Single Audit Act) and also selected an engagement solely to evaluate a compliance audit under the Single Audit Act, this portion of the sentence should read as follows "*Government Auditing Standards*, compliance audits under the Single Audit Act," and so on. For SOC engagements, the paragraph should be tailored to reflect the type(s) selected for review. The paragraph should be tailored to indicate if single or multiple engagements were selected for review (for example, an audit versus audits). If the firm does not perform such engagements, this paragraph is not applicable and not included in the report.

^{fn 5} The scope limitation paragraph provided is an example for illustrative purposes only.

^{fn 6} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co. has received a peer review rating of *pass (with a scope limitation)*.

[*Name of team captain's firm*]

Illustration 3 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies

[Firm letterhead for a firm-on-firm review; team captain’s firm letterhead for an association-formed review team]

Report on the Firm’s System of Quality Control

[Exit Conference Date]

To the Partners of *[or other appropriate terminology]* XYZ & Co. and the Peer Review Committee of the *[insert the name of the applicable administering entity]*,^{fn 1}

We^{fn 2} have reviewed the system of quality control for the accounting and auditing practice of XYZ & Co. (the firm)^{fn 3} in effect for the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm’s Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

^{fn 1} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of *[or appropriate terminology]* XYZ & Co. and the National Peer Review Committee.”

^{fn 2} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 3} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Peer Reviewer’s Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm’s system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1 and SOC 2 engagements).^{fn 4}

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Deficiencies^{fn 5} Identified in the Firm’s System of Quality Control

We noted the following deficiencies^{fn 6} during our review:

1. The firm’s quality control policies and procedures addressing continuing professional education (CPE) are not suitably designed or complied with to provide reasonable assurance that its personnel will have the competence necessary to perform engagements in accordance with professional and regulatory requirements. Although the firm’s policies require that personnel attain a minimum of 40 hours of CPE courses annually and comply with CPE requirements of the applicable external bodies, it lacks appropriate procedures to determine whether the personnel are in compliance with these requirements. During our review, we noted several personnel who did not comply with CPE requirements of *Government Auditing Standards*. In our opinion, this contributed

^{fn 4} If the firm performs audits of employee benefit plans; engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of depository institutions with total assets of \$500 million or greater at the beginning of the institution’s fiscal year; examinations of service organizations (SOC 1 and SOC 2 engagements); or other engagements required to be selected by the board, the engagement type(s) selected for review should be identified in the report using this paragraph, tailored as applicable. If the reviewer selected an engagement under *Government Auditing Standards* (excluding engagements subject to the Single Audit Act) and also selected an engagement solely to evaluate a compliance audit under the Single Audit Act, this portion of the sentence should read as follows “Government Auditing Standards, compliance audits under the Single Audit Act,” and so on. For SOC engagements, the paragraph should be tailored to reflect the type(s) selected for review. The paragraph should be tailored to indicate if single or multiple engagements were selected for review (for example, an audit versus audits). If the firm does not perform such engagements, this paragraph is not applicable and not included in the report.

^{fn 5} Should be tailored to indicate a single deficiency, when applicable.

^{fn 6} The deficiencies provided are examples for illustrative purposes only.

to audit engagements performed under *Government Auditing Standards* that did not conform to professional standards in all material respects.

2. The firm’s quality control policies and procedures regarding engagement performance have not been suitably designed or complied with to provide reasonable assurance that audit engagements are consistently performed in accordance with professional standards. The firm requires the use of a non-industry-specific audit program but does not require that program to be tailored to cover requirements of specialized industries or those subject to regulatory bodies. During our review, we noted procedures were not performed to determine if a banking institution met its minimum capital requirements. In our opinion, this contributed to audit engagements in the banking industry that did not conform to professional standards in all material respects.

Opinion

In our opinion, except for the deficiencies previously described, the system of quality control for the accounting and auditing practice of XYZ & Co.^{fn 7} in effect for the year ended June 30, 20XX, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co has received a peer review rating of *pass with deficiencies*.

[*Name of team captain’s firm*]

^{fn 7} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Illustration 4 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies With a Scope Limitation

[*Firm letterhead for a firm-on-firm review; team captain’s firm letterhead for an association-formed review team*]

Report on the Firm’s System of Quality Control

[*Exit Conference Date*]

To the Partners of [*or other appropriate terminology*] XYZ & Co. and the Peer Review Committee of the [*insert the name of the applicable administering entity*],^{fn 1}

We^{fn 2} have reviewed the system of quality control for the accounting and auditing practice of XYZ & Co. (the firm)^{fn 3} in effect for the year ended June 30, 20XX. Except as subsequently described, our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm’s Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of the applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer’s Responsibility

^{fn 1} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of [*or appropriate terminology*] XYZ & Co. and the National Peer Review Committee”

^{fn 2} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 3} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Our responsibility is to express an opinion on the design of and compliance with the firm’s system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1 and SOC 2 engagements).^{fn 4}

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Deficiency^{fn 5} Identified in the Firm’s System of Quality Control

We noted the following deficiency^{fn 6} during our review:

1. The firm’s quality control policies and procedures regarding engagement performance have not been suitably designed or complied with to provide reasonable assurance that audit engagements are consistently performed in accordance with applicable regulatory requirements. As noted in the following text, we were unable to select the firm’s only audit subject to *Government Auditing Standards* (the Yellow Book). As a result, the firm was not in compliance with the Yellow Book peer review engagement selection requirements.

Scope Limitation^{fn 7}

In performing our review, the firm notified us that we would be unable to select its only audit subject to *Government Auditing Standards* (the Yellow Book). As a result, we were

^{fn 4} If the firm performs audits of employee benefit plans; engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of depository institutions with total assets of \$500 million or greater at the beginning of the institution’s fiscal year; examinations of service organizations (SOC 1 and SOC 2 engagements); or other engagements required to be selected by the board, the engagement type(s) selected for review should be identified in the report using this paragraph, tailored as applicable. If the reviewer selected an engagement under *Government Auditing Standards* (excluding engagements subject to the Single Audit Act) and also selected an engagement solely to evaluate a compliance audit under the Single Audit Act, this portion of the sentence should read as follows “Government Auditing Standards, compliance audits under the Single Audit Act,” and so on. For SOC engagements, the paragraph should be tailored to reflect the type(s) selected for review. The paragraph should be tailored to indicate if single or multiple engagements were selected for review (for example, an audit versus audits). If the firm does not perform such engagements, this paragraph is not applicable and not included in the report.

^{fn 5} This language should be tailored to indicate a single deficiency, when applicable.

^{fn 6} The deficiencies provided are examples for illustrative purposes only.

^{fn 7} The scope limitation paragraph provided is an example for illustrative purposes only.

unable to review all the types of engagements required to be selected by the standards established by the Peer Review Board of the AICPA.

Opinion

In our opinion, except for the effects of the deficiency previously described and any additional deficiencies or significant deficiencies that might have come to our attention had we been able to review the engagement as previously described, the system of quality control for the accounting and auditing practice of XYZ & Co.^{fn 8} in effect for the year ended June 30, 20XX, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co has received a peer review rating of *pass with deficiency (with a scope limitation)*.

[*Name of team captain's firm*]

^{fn 8} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

Illustration 5 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail

[Firm letterhead for a firm-on-firm review; team captain’s firm letterhead for an association-formed review team]

Report on the Firm’s System of Quality Control

[Exit Conference Date]

To the Partners of *[or other appropriate terminology]* XYZ & Co. and the Peer Review Committee of the *[insert the name of the applicable administering entity]*,^{fn 1}

We^{fn 2} have reviewed the system of quality control for the accounting and auditing practice of XYZ & Co. (the firm)^{fn 3} in effect for the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm’s Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of the applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

^{fn 1} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of *[or appropriate terminology]* XYZ & Co. and the National Peer Review Committee.”

^{fn 2} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 3} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Peer Reviewer’s Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm’s system of quality control and the firm’s compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1 and SOC 2 engagements).^{fn 4}

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Significant Deficiencies^{fn 5} Identified in the Firm’s System of Quality Control

We noted the following significant deficiencies^{fn 6} during our review:

1. The firm’s quality control policies and procedures do not provide reasonable assurance that the firm will comply with applicable professional standards and will issue reports that are appropriate in the circumstances, as a result of the following significant deficiencies:
 - a. The firm lacks policies and procedures addressing new engagement acceptance to reasonably ensure it only undertakes engagements that it has the capabilities, resources, and professional competence to complete in accordance with applicable professional standards.

^{fn 4} If the firm performs audits of employee benefit plans; engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of depository institutions with total assets of \$500 million or greater at the beginning of the institution’s fiscal year; examinations of service organizations (SOC 1 and SOC 2 engagements); or other engagements required to be selected by the board, the engagement type(s) selected for review should be identified in the report using this paragraph, tailored as applicable. If the reviewer selected an engagement under *Government Auditing Standards* (excluding engagements subject to the Single Audit Act) and also selected an engagement solely to evaluate a compliance audit under the Single Audit Act, this portion of the sentence should read as follows “Government Auditing Standards, compliance audits under the Single Audit Act,” and so on. For SOC engagements, the paragraph should be tailored to reflect the type(s) selected for review. The paragraph should be tailored to indicate if single or multiple engagements were selected for review (for example, an audit versus audits). If the firm does not perform such engagements, this paragraph is not applicable and not included in the report.

^{fn 5} This language should be tailored to indicate a single significant deficiency, when applicable.

^{fn 6} When considered together, the deficiencies rise to the level of significant deficiencies. The significant deficiencies provided are examples for illustrative purposes only.

- b. The firm lacks policies and procedures addressing continuing professional education (CPE) to require its personnel to obtain relevant training to prepare for engagements in new industries or service areas.
- c. Firm leadership has not implemented policies and procedures to provide clear, consistent, and frequent actions and messages from all levels of the firm's management that emphasize the firm's commitment to quality.

In our opinion, the significant deficiencies described previously contributed to an employee benefit plan audit that did not conform to professional standards in all material respects. During our review, we discovered that the firm had undertaken an employee benefit plan audit without performing appropriate acceptance procedures, including the engagement partner obtaining relevant CPE or otherwise obtaining sufficient knowledge to conduct the audit.

- 2. The firm's quality control policies and procedures addressing continuing professional education (CPE) are not sufficient to provide reasonable assurance that its personnel will have the competence necessary to perform engagements in accordance with professional and regulatory requirements. The courses taken by firm personnel did not provide them with sufficient information about current developments in accounting and auditing matters. In our opinion, this led to firm personnel being unable to appropriately address recent pronouncements and new disclosure requirements and failure to consider new auditing standards and other required communications. This contributed to audit engagements performed under *Government Auditing Standards*, and audits in other industries, that did not conform to professional standards in all material respects.
- 3. The firm's quality control policies and procedures regarding monitoring do not provide it with reasonable assurance that the policies and procedures relating to the system of quality control are relevant, adequate, and operating effectively. The firm's quality control policies and procedures do not
 - a. include an ongoing consideration and evaluation of the firm's system of quality control, including inspection or a periodic review of engagement documentation, reports, and clients' financial statements for a selection of completed engagements.
 - b. require responsibility for the monitoring process to be assigned to a partner or partners or other persons with sufficient and appropriate experience and authority in the firm to assume that responsibility.
 - c. assign the performance of monitoring the firm's system of quality control to qualified individuals.

Opinion

In our opinion, as a result of the significant deficiencies previously described, the system of quality control for the accounting and auditing practice of XYZ & Co.^{fn 7} in effect for the year ended June 30, 20XX, was not suitably designed or complied with to provide the firm with reasonable assurance of performing or reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co has received a peer review rating of *fail*.

[Name of team captain's firm]

^{fn 7} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

Illustration 6 — A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail With a Scope Limitation

[Firm letterhead for a firm-on-firm review; team captain’s firm letterhead for an association-formed review team]

Report on the Firm’s System of Quality Control

[Exit Conference Date]

To the Partners of *[or other appropriate terminology]* XYZ & Co. and the Peer Review Committee of the *[insert the name of the applicable administering entity]*,^{fn 1}

We^{fn 2} have reviewed the system of quality control for the accounting and auditing practice of XYZ & Co. (the firm)^{fn 3} in effect for the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm’s Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of the applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

^{fn 1} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of *[or appropriate terminology]* XYZ & Co. and the National Peer Review Committee.”

^{fn 2} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 3} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

Peer Reviewer’s Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm’s system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*; audits of employee benefit plans, audits performed under FDICIA, and examinations of service organizations (SOC 1 and SOC 2 engagements).^{fn 4}

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Significant Deficiencies^{fn 5} Identified in the Firm’s System of Quality Control

In addition, we noted the following significant deficiencies^{fn 6} during our review:

1. The firm’s quality control policies and procedures provide reasonable assurance that the firm and its personnel will comply with relevant ethical requirements. The firm’s quality control policies and procedures require that written independence representations be obtained annually from all partners and personnel and then be reviewed by a partner in the firm assigned overall responsibility for such matters. During our review, we noted that the responsible partner left the firm in the early part of the year and her responsibilities in this area had not been reassigned. In our opinion, this contributed to several of the firm’s personnel failing to sign such a representation. Written independence representations were subsequently obtained but there were instances where the firm was not independent with respect to the

^{fn 4} If the firm performs audits of employee benefit plans; engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of depository institutions with total assets of \$500 million or greater at the beginning of the institution’s fiscal year; examinations of service organizations (SOC 1 and SOC 2 engagements); or other engagements required to be selected by the board, the engagement type(s) selected for review should be identified in the report using this paragraph, tailored as applicable. If the reviewer selected an engagement under *Government Auditing Standards* (excluding engagements subject to the Single Audit Act) and also selected an engagement solely to evaluate a compliance audit under the Single Audit Act, this portion of the sentence should read as follows “Government Auditing Standards, compliance audits under the Single Audit Act,” and so on. For SOC engagements, the paragraph should be tailored to reflect the type(s) selected for review. The paragraph should be tailored to indicate if single or multiple engagements were selected for review (for example, an audit versus audits). If the firm does not perform such engagements, this paragraph is not applicable and not included in the report.

^{fn 5} This language should be tailored to indicate a single significant deficiency, when applicable.

^{fn 6} When considered together, the deficiencies rise to the level of significant deficiencies. The significant deficiencies provided are examples for illustrative purposes only.

financial statements on which it reported, which caused the engagements to not conform to professional standards in all material respects.

2. The firm's policies and procedures regarding acceptance and continuance of clients are not complied with to provide it with reasonable assurance that its personnel are competent to perform the engagement and have the capabilities to do so. The firm accepted an audit in a specialized industry in which it had no experience or expertise and did not take steps to obtain competency prior to issuing the audit report. In our opinion, this contributed to an employee benefit plan audit that was not performed in accordance with professional standards in all material respects.
3. The firm's use of the standardized planning forms required by its quality control policies and procedures for engagement performance are not consistently complied with to provide reasonable assurance that audit engagements are performed in accordance with professional standards. Despite such forms including audit planning steps for considering preliminary judgments about materiality levels, fraud risk factors, planned assessed level of control risk, analytical review procedures, and conditions that may require an extension of or a modification of tests, we noted several engagements that lacked sufficient evidence of such considerations. In our opinion, this contributed to audits of employee benefit plans and audit engagements in other industries that did not conform to professional standards in all material respects.

Scope Limitation^{fn 7}

In performing our review, the firm notified us that we would be unable to review the engagements performed by one of the firm's four offices that divested from the firm during the peer review year. As a result, we were unable to include within our engagement selection any engagements issued by that office. The engagements excluded from our engagement selection process included audit engagements and composed approximately 20 percent of the firm's audit and accounting hours during the peer review year.

Opinion

In our opinion, as a result of the significant deficiencies previously described, and any additional significant deficiencies that might have come to our attention had we been able to review engagements from the divested office as previously described, the system of quality control for the accounting and auditing practice of XYZ & Co.^{fn 8} in effect for the

^{fn 7} The scope limitation paragraph provided is an example for illustrative purposes only.

^{fn 8} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

year ended June 30, 20XX, was not suitably designed or complied with to provide the firm with reasonable assurance of performing or reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co has received a peer review rating of *fail (with a scope limitation)*.

[*Name of team captain's firm*]

PR-C Section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*

Introduction

Scope of This Section

.01 This section contains performance and reporting requirements and application guidance for reviewers engaged to perform an engagement review. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*, and section 200, *General Principles and Responsibilities for Reviewers*. Additionally, the review captain should be familiar with the firm requirements in section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*.

.02 Engagement reviews are available to firms that perform engagements under the Statements on Standards for Accounting and Review Services (SSARs) and engagements under the Statements on Standards for Attestation Engagements (SSAEs) other than examinations as their highest levels of service. (Ref: par. .A1)

Effective Date

.03 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objectives

.04 In performing an engagement review, the objectives of the review captain are to

- a. evaluate whether the engagements submitted for review are performed and reported on in conformity with applicable professional standards in all material respects and
- b. report on the evaluation of selected engagements.

Definitions

.05 A list of terms applicable to this section are defined in paragraph .11 in section 100.

Requirements

Planning

.06 The reviewer should perform planning procedures before selecting engagements for review.

.07 The review captain should obtain from the reviewed firm the following: ~~(Ref: par. .A2)~~

- a. The number of engagements performed by level of service and industry for each engagement partner
- b. Responses to inquiries about the areas to be addressed in the written representations
- c. The firm's prior

- i. peer review report,
- ii. letter of response (if applicable),
- iii. letter of acceptance,
- iv. findings for further consideration (FFCs) (if applicable), and
- v. representation letter

.08 The review captain should determine if the firm and its personnel are in compliance with licensure requirements of the state boards of accountancy in which the firm and its personnel practice for the peer review year through the issuance dates of the reviewed engagements by verifying the following: (Ref: par. .A2)

- a. The practice unit license (firm license) in the state in which the practice unit is domiciled (main office is located)
- b. Individual (personnel) licenses in the state in which the individual primarily practices public accounting for appropriate personnel on engagements selected

.09 If the review captain deems it appropriate to test out-of-state licenses, the review captain should expect the firm to provide documentation supporting its compliance with, or approach to, out-of-state licensing requirements. AICPA online CPA mobility provisions may be used to assist the review captain in evaluating the firm's approach to firm and individual out-of-state licensing. (Ref: par. .A3)

.10 If a firm does not possess the required applicable licenses to perform accounting and auditing engagements anytime during the peer review year through the issuance dates of the reviewed engagements, the review captain must document this on an FFC.

.11 If an individual with reporting responsibility does not have a current individual license to practice public accounting as required by state boards of accountancy, the review captain should consider the engagements reported on by that individual as not performed or reported on in conformity with applicable professional standards in all material respects (nonconforming).

Engagement Selection

.12 The review captain should select the following: (Ref: par. .A4–.A5)

- a. One engagement from each of the following levels of service performed by the firm:
 - i. Reviews of financial statements (performed under SSARs)
 - ii. Compilations of financial statements with disclosures (performed under SSARs)
 - iii. Compilations of financial statements that omit substantially all disclosures (performed under SSARs)
 - iv. Engagements performed under the SSAEs other than examinations
- b. One engagement from each engagement partner responsible for the issuance of reports listed in item (a).
- c. At least two engagements, unless only one is performed

.13 The review captain should select a preparation engagement only in the following instances:

- a. It is the only level of service performed by an engagement partner.
- b. It is the only engagement performed with disclosures.
- c. It is the only engagement performed without disclosures.
- d. Doing so is necessary to meet the minimum requirement of two engagements selected for review.

.14 The review captain should select only the number of engagements needed to meet the requirements in paragraphs .12 and .13.

Scope Limitations

.15 It is presumed that all engagements subject to the peer review will be included in the scope of the review. In the rare situations in which there are exclusions or other limitations on the scope of the review, a review captain should carefully consider the implications of such exclusions. This includes communicating with the firm and the administering entity (AE) the effect on the review and on the ability of the review captain to issue a peer review report.

Evaluation of Engagements

.16 The review captain should evaluate each engagement submitted for review. The evaluation should include the following:

- a. Consideration of the financial statements or information and the related accountant's reports on the engagements performed under the SSARSs and SSAEs
- b. Review of all other documentation required by applicable professional standards on the engagements
- c. Consideration of the information related to the engagement obtained through the peer review including, but not limited to, engagement profile information and other inquiries

.17 For each engagement reviewed, the review captain should use peer review checklists and questionnaires to determine if

- a. the financial statements are fairly presented in accordance with generally accepted accounting principles in all material respects (or when applicable, with a special purpose framework) and
- b. the firm has performed and reported on the engagement in accordance with the SSARSs or SSAEs in all material respects.

.23 The review captain should promptly inform the firm when an engagement is not performed or reported on in conformity with applicable professional standards in all material respects and remind the firm of any related obligations under professional standards to take appropriate actions. (Ref: par. .A8)

.19 Review captains or AEs should not require firms to perform omitted procedures, reissue accounting reports, or have previously issued financial statements revised and reissued because those are decisions for the firm and its client to make.

Identifying, Evaluating, and Aggregating Matters, Findings, and Deficiencies

.18 The review captain should determine the relative importance of matters noted during the review, individually and in the aggregate. To assist the review captain in determining the relative importance of matters, the reviewer should consult appendix A, “~~Common~~ Examples of Noncompliance With Applicable Professional Standards.” (Ref: par. .A6–.A7 and .A28)

.19 The review captain should document a matter on a matter for further consideration (MFC) form when the review captain identifies one or more “no” answers on peer review engagement checklists that were not resolved to the review captain’s satisfaction.

.20 The review captain should document a finding on a finding for further consideration (FFC) form when the review captain concludes the submitted engagement was not performed or reported on in conformity with the requirements of the applicable standards.

.21 The review captain should document a deficiency in the report when the review captain concludes at least one engagement submitted for review was not performed or reported on in conformity with the requirements of the applicable standards in all material respects.

.22 The review captain should complete a Disposition of Matter for Further Consideration (DMFC) for all MFCs, indicating whether each one was

- a. included on a specific FFC form (individually or combined with other MFCs) or
- b. included as a deficiency (individually or combined with other MFCs) in a report with a peer review rating of *pass with deficiencies* or *fail*.

~~.23 The review captain should promptly inform the firm when an engagement is not performed or reported on in conformity with applicable professional standards in all material respects and remind the firm of any related obligations under professional standards to take appropriate actions. (Ref: par. .A8)~~

Communication Requirements for Closing Meeting and Exit Conference

.24 Prior to issuing the report or finalizing MFCs and FFCs, if applicable, the review captain should communicate the conclusions to the firm at a closing meeting. The review captain should discuss the following during the closing meeting: (Ref: par. .A9–.A11)

- a. Preliminary peer review results, including any matters, findings, or deficiencies, and the expected report rating type of report to be issued
- b. The firm’s requirement to respond to the MFCs, FFCs, or deficiencies included in the peer review report
- c. The firm’s required written representations

d. Other suggestions and observations for the firm to consider (Ref: par. .A12)

.25 The closing meeting should be held within a reasonable timeframe before the firm's due date to allow enough time for the firm to determine appropriate remediation with respect to findings, and deficiencies, if applicable. (Ref: par. .A13)

.26 The review captain should review and evaluate the responses on the FFCs and letter of response prior to the exit conference. The review captain should consider the following: (Ref: par. .A14–.A15)

- a. The firm's response should include the firm's actions taken or planned to remediate the findings or deficiencies, including timing of the remediation, and additional procedures to ensure the finding or deficiencies are not repeated in the future.
- b. The firm's action should be feasible, genuine, and comprehensive.
- c. If the firm has acted, the review captain should review documentation of actions taken and consider whether the actions are appropriate. (Ref: par. .A16)

.27 After the firm has responded to the MFCs, FFCs, and deficiencies in the report and the review captain has assessed whether the responses are appropriate and has considered any additional impact to the peer review results, the review captain should communicate the results to the firm at an exit conference. The review captain should discuss the following during the exit conference:

- a. The peer review results to be submitted to the AE, including any changes to the information communicated at the closing meeting after consideration of the firm's responses to MFCs, FFCs, and deficiencies in the report
- b. The appropriateness of the firm's response
- c. The firm's representation letter
- d. Potential implications of the peer review acceptance process and their impact on the acceptance and completion of the peer review and on the reviewed firm's enrollment in the program, including, but not limited to,
 - i. corrective actions for deficiencies and implementation plans for findings, if applicable;
 - ii. recommended report rating changes; and
 - iii. oversight
- e. Peer review noncooperation implications of consecutive non-pass report ratings, if applicable

~~**.28** The exit conference should be held prior to the review due date.~~

Written Representations

.29 The review captain should request management of the firm to provide written representations for the peer review year that are dated as of the date of the peer review report stating the following: (Ref: par. .A17)

- a. Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting practice that provides us with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.
- b. Management acknowledges its responsibility for complying with the rules and regulations of state boards of accountancy and other regulations.
- c. Management has disclosed to the review captain all known instances of noncompliance or suspected noncompliance with the rules and regulations of state boards of accountancy or other regulatory bodies, including applicable firm and individual licensing requirements in each state in which it practices for the year under review. (If there are known instances of noncompliance, management should summarize the instances and, if applicable, describe its remediation of the noncompliance.)
- d. Management has discussed significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the team captain, if applicable.
- e. Management has fulfilled its responsibility to remediate nonconforming engagements, as stated by the firm in the letter of response, if applicable.
- f. Management understands the intended uses and limitations of the quality control materials it has developed or adopted. Management has tailored and augmented the materials as appropriate such that the quality control materials encompass guidance that is sufficient to assist it in conforming with professional standards (including the Statements on Quality Control Standards) applicable to its accounting and auditing practice.
- g. Management has responded fully and truthfully to the review captain's inquiries.
- h. Management has provided the review captain with all relevant information including all engagements with periods ending during (or, for financial forecasts or projections and agreed-upon procedures engagements) the year under review.
- i. Management has disclosed to the review captain that the firm did not perform any engagements under the Statements on Auditing Standards (SASs) or *Government Auditing Standards*, examinations under the Statements on Standards for Attestation Engagements (SSAEs), or engagements under the Public Company Accounting Oversight Board (PCAOB) standards that are not subject to PCAOB permanent inspection.
- j. Management acknowledges that failure to properly include the engagements listed in (i) could be deemed a failure to cooperate and may result in termination from the Peer Review Program and, if termination occurs, may result in an investigation of a possible violation by the appropriate regulatory, monitoring, or enforcement body.
- k. Management has provided the review captain communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to allegations or investigations of deficiencies in the conduct of an accounting or attestation engagement performed and reported on by the firm, whether the matter relates to the firm or its personnel, within three years preceding the current peer review year-end.
- l. Management has disclosed that there are no known limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer

review year-end, or management should include a summary of the limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end.

.30 If a firm fails to discuss significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the review captain, the review captain should immediately consult with the relevant AE because this constitutes a failure to cooperate, and the firm would be subject to fair procedures that could result in the firm's enrollment in the program being terminated. (Ref: par. .A18)

.31 If, in addition to the representations required by paragraph .29, the review captain determines that it is necessary to obtain other representations based on the circumstances and nature of the peer review, the review captain should request such other written representations.

Reporting on Engagement Reviews

.32 To determine the report rating type of report to issue, the review captain should use the results of the evaluation of engagements reviewed. (Ref: par. .A19–.A23)

.33 The written report in an engagement review should (Ref: par. .A24)

- a. be dated as of the exit conference date.
- b. be issued on letterhead of the firm performing the review.
- c. state at the top of the report the title "Report on the Firm's Conformity With Professional Standards on Engagements Reviewed."
- d. include headings for each of the following sections:
 - i. Firm's Responsibility
 - ii. Peer Reviewer's Responsibility
 - iii. Deficiency(ies) Identified in the Firm's Conformity With Professional Standards on Engagements Reviewed (if applicable)
 - iv. Scope Limitation (if applicable)
 - v. Conclusion
- e. state that the review captain reviewed selected accounting engagements of the firm and include the year-end covered by the peer review.
- f. state that the peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board of the American Institute of Certified Public Accountants.
- g. state that the nature, objectives, scope, limitations of, and procedures performed in an engagement review as described in the standards can be found on the AICPA website where the standards are summarized.
- h. include a URL reference to the AICPA website where the standards are located, and state that the summary includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

- h-i.* state that the firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects and for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.
- i-j.* state that the peer reviewer’s responsibility is to evaluate whether the engagements submitted for review were performed and reported on in conformity with applicable professional standards in all material respects.
- j-k.* state that an engagement review does not include reviewing the firm’s system of quality control and compliance therewith and, accordingly, the review captain expresses no opinion or any form of assurance on that system. (Ref: par. .A25)
- k-l.* in the event of a scope limitation, include an additional paragraph before the last paragraph that describes the relationship of the excluded engagements to the firm’s practice, the highest level of service and industry concentration, if any, of the engagements excluded from the potential selection, and the effect of the exclusion on the scope and results of the peer review. Tailor the conclusion, as appropriate, to address the scope limitation.
- l-m.* identify the different peer review ratings that the firm could receive.
- m-n.* in a report with a peer review rating of *pass*, state
- i. that nothing came to the review captain’s attention that caused the review captain to believe that the engagements submitted for review were not performed and reported on in conformity with applicable professional standards in all material respects.
 - ii. that the firm has received a peer review rating of *pass*.
- n-o.* in a report with a peer review rating of *pass with deficiencies*, state
- i. that because of the deficiencies previously described, the review captain believes that at least one but not all the engagements submitted for review were not performed and reported on in conformity with applicable professional standards in all material respects.
 - ii. that the firm has received a peer review rating of *pass with deficiencies*.
- o-p.* in a report with a peer review rating of *fail*, state
- i. that because of the deficiencies previously described, the review captain believes that all the engagements submitted for review were not performed or reported on in conformity with applicable professional standards in all material respects.
 - ii. that the firm has received a peer review rating of *fail*.
- p-q.* in a report with a peer review rating of *pass with deficiencies* or *fail*,
- i. include descriptions of the deficiencies (each of these should be numbered).
 - ii. if there are any repeat deficiencies, state that the deficiency was noted in the firm’s previous peer review. (Ref: par. .A26–.27)
 - iii. identify the level of service for any deficiencies. If the deficiency is industry specific, also identify the industry.

Submission of Peer Review Documentation to the AE by the Review Captain

.34 Within 30 days of the exit conference date or by the firm’s peer review due date, whichever date is earlier, the review captain should submit to the AE or complete electronically, as applicable, the following documents: (Ref: par. .A28)

- a. Report and letter of response, if applicable
- b. Review Captain Summary
- c. Review summary
- d. FFC forms, if applicable
- e. MFC forms, if applicable
- f. DMFC, if applicable
- g. Firm’s representation letter

Application and Other Explanatory Material

Scope of This Section (Ref: par. .01–.02)

.A1 Firms eligible to have an engagement review may elect to have a system review. Refer to section 210, *General Principles and Responsibilities for Reviewers — System Reviews*, for the requirements of a system review.

Planning (Ref: par. .06–.11)

.A2 Acceptable documentation includes an original or copy of the license, print-out from an online license verification system, correspondence from the licensing authority, or other reasonable alternative documentation. The review captain’s judgment may be needed to determine what alternative documentation is reasonable.

.A3 The review captain may verify an out-of-state practice unit license or an out-of-state individual license on an individual engagement basis when that engagement is selected for review and was performed by the reviewed firm in another state requiring a firm or individual license. The decision to perform further testing is based on the reviewer’s evaluation of the firm’s responses to inquiries.

Engagement Selection (Ref: par. .12)

.A4 The objective of the engagement selection requirements is to select one engagement from each engagement partner and one engagement from each level of service listed in paragraph .12a for the firm.

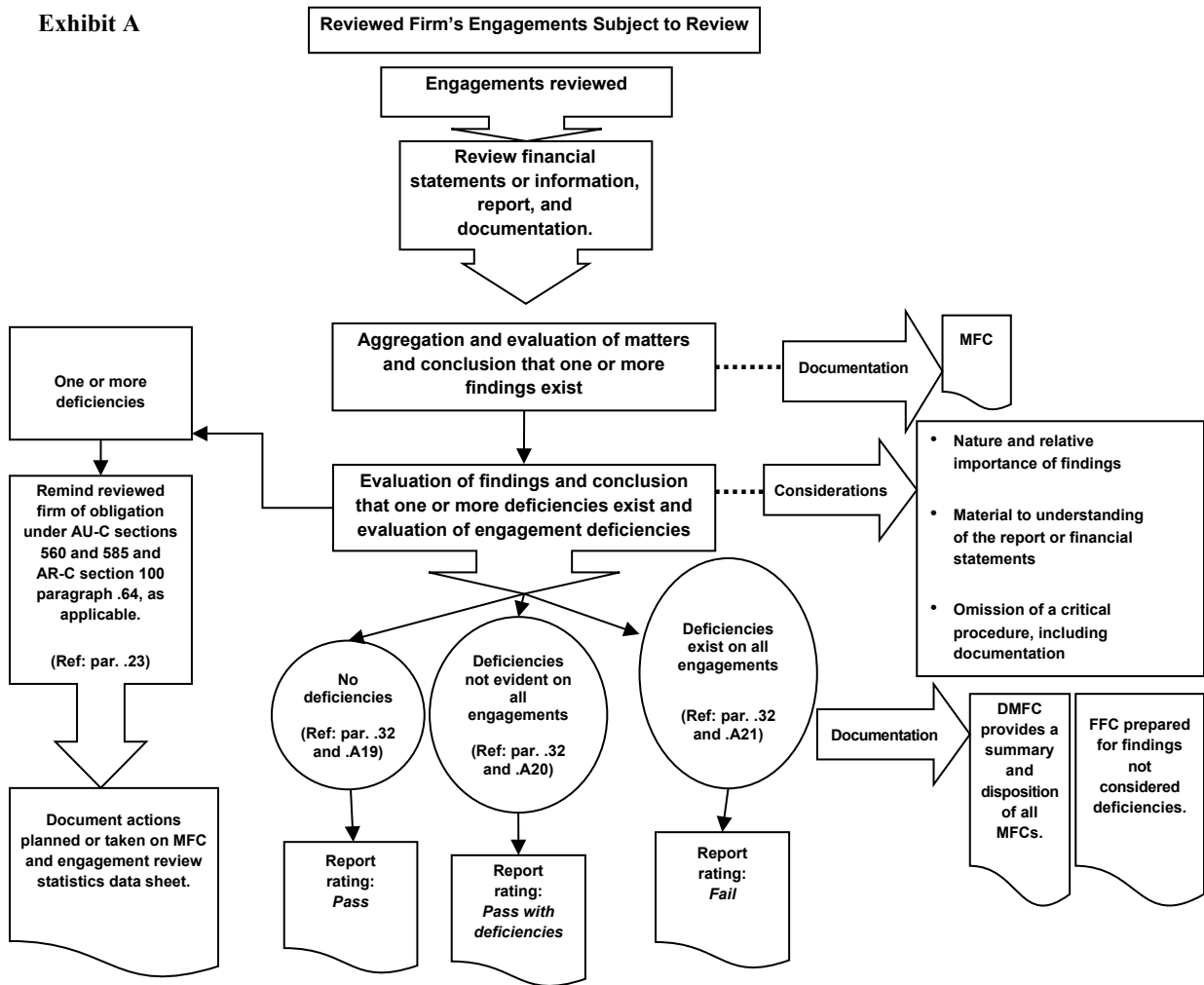
.A5 Engagement selection may also include consideration of industries.

Identifying, Evaluating, and Aggregating Matters, Findings, and Deficiencies (Ref: par. .18, .23–.24)

.A6 Exhibit A shows a broad understanding of the peer review process, from the review of submitted engagements to the determination of a matter, finding, or deficiency. It also illustrates

the aggregation of these items, their documentation, and their potential impact on the report rating.

Exhibit A



.A7 One or more matters may be elevated to a finding or deficiency. To determine if a matter should be elevated, the review captain should consider the matter's nature and relative importance, if the matter is material to the understanding of the report or financial statements, or if the matter represents the omission of a critical procedure including documentation.

.A8 Although it is ultimately the firm's responsibility, the review captain and firm may collaborate to determine what remediation is necessary in the circumstances. ~~Review captains or AEs should not require firms to perform omitted procedures, reissue accounting reports, or have previously issued financial statements revised and reissued because those are decisions for the firm and its client to make.~~

Communication Requirements for Closing Meeting and Exit Conference (Ref: par. .24–.28)

.A9 The closing meeting and exit conference may be attended by representatives of the AE, the board, AICPA staff, or other board-authorized organizations with oversight responsibilities.

.A10 The purpose of a separate closing meeting and exit conference is to provide the firm with sufficient time to determine appropriate responses to the matters, findings, or deficiencies identified and to provide the review captain with sufficient time to assess the firm's responses prior to the report date (exit conference date). If these steps have been taken prior to the closing meeting or are not necessary, the closing meeting and exit conference may be combined.

.A11 Team members or specialists may participate in or be available for the closing meeting and exit conference. This may be useful when the review captain does not have the experience to review the industry of an engagement that was reviewed by a team member.

.A12 Examples of other suggestions and observations include implications of upcoming changes in professional standards, operational or efficiency suggestions, and minor areas for improvement.

.A13 A reasonable timeframe is typically 30 days.

.A14 The purpose of the firm's response on the FFC or in the letter of response is for a firm to document the specific actions that will be taken to correct findings or deficiencies noted by the review captain.

.A15 The AE's peer review committee (committee) may require the firm to make and document appropriate considerations regarding nonconforming engagements as a condition of acceptance of the peer review. The firm's response may affect other monitoring actions the committee may impose, including actions to verify that the firm adheres to the intentions indicated in its response.

.A16 Examples of firm actions taken in response to nonconforming engagements may include, but are not limited to,

- a. omitted procedures performed (including documentation),
- b. reissued report and financial statements, or
- c. notification to users to discontinue use of previously issued reports.

Written Representations (Ref: par. .29–.31)

.A17 Exhibit A, “Illustrative Representation Letter,” in section 320 provides an illustrative example of a firm’s representation letter.

.A18 Examples of how a review captain may discover significant issues include the following:

~~a. The review captain reviews the referral database and identifies a referral specific to the firm or a professional within the firm.~~

~~b.a.~~ The AE provides the review captain with a referral specific to the firm or a professional within the firm.

~~e.b.~~ The review captain identifies information about significant issues within a firm from a news outlet or publicly available website (for example, via the PCAOB).

Reporting on Engagement Reviews (Ref: par. .32–.33)

.A19 A report with a peer review rating of *pass* is issued when the review captain concludes that the engagements submitted for review were performed and reported on in conformity with the requirements of applicable professional standards in all material respects.

.A20 A report with a peer review rating of *pass with deficiencies* is issued when the review captain concludes that at least one but not all the engagements submitted for review contain a deficiency.

.A21 A report with a peer review rating of *fail* is issued when the review captain concludes all the engagements submitted for review contain a deficiency.

.A22 The review captain should not expand scope beyond the original selection of engagements in an effort to change the conclusion from a peer review rating of *fail* in these circumstances.

.A23 In the event of a scope limitation, a report with the applicable peer review rating (*with a scope limitation*) is issued.

.A24 Exhibit B, “Illustrative Examples of a Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed,” contains example reports that may be tailored by the reviewer to meet the requirements described in paragraph .33.

.A25 Review of a firm’s documentation or procedures related to its system of quality control is outside the scope of an engagement review. An engagement review does not include tests of the firm’s administrative or personnel files, interviews of selected firm personnel, or other procedures performed in a system review. Therefore, an engagement review does not provide the review captain with a basis for expressing any form of assurance on the firm’s system of quality control for its accounting practice.

.A26 The following is an example of a repeat deficiency; a review captain documented a disclosure deficiency or finding in the prior review, and the same disclosure deficiency is documented in the current review.

.A27 If a repeat deficiency has occurred on two or more prior reviews, the review captain should state in the current report that “this deficiency was noted on previous reviews.”

Submission of Peer Review Documentation to the AE by the Review Captain (Ref: par. .34)

.A28 All peer review working papers are subject to oversight procedures and may be requested later.

Appendix A — ~~Common~~ Examples of Noncompliance With Applicable Professional Standards

.A29 The following is a list of ~~common examples areas~~ of noncompliance with applicable professional standards. This is not an all-inclusive list, and the reviewer should decide if the noncompliance is a matter, finding, or deficiency as described in paragraph .13 and by using the following guidance. (Ref: par. .13 and .A6)

List of Matters and Findings That Generally Would Not Result in a Deficiency

Reports

- Omission of phrases or use of phrases not in conformity with the applicable professional standards for the report issued
- Compilation reports that failed to include the paragraph regarding the omission of supplemental information, as applicable in the circumstances
- Reports that reflected financial statement titles and terminology not in accordance with applicable professional standards
- Failure to explain the degree of responsibility the accountant is taking with respect to supplementary information

Financial Statement Measurement

- Types of revenues and expenses not presented and disclosed in accordance with applicable professional standards (for example, freight revenue and related shipping and handling expenses)
- Financial statements prepared on a basis of accounting other than generally accepted accounting principles (GAAP) that are properly reported on but contain inconsistencies between the report and the financial statements, where the actual basis is readily determinable

Presentation and Disclosure

- Supplementary information not clearly segregated or marked as supplementary and departures from standard report presentation with respect to supplementary information
- Reviewed financial statement presentation that is inappropriate for the type of not-for-profit organization being reported on
- Compiled financial statements prepared using a special purpose framework reflecting titles normally associated with financial statements prepared under GAAP when the applicable financial reporting framework is not clearly identified

- Failure to disclose the accounting policy related to advertising costs in the notes to the financial statements
- Omission of the disclosure of the method of income recognition as required by applicable professional standards
- Misclassification of items on the statement of cash flows
- Omitted or inadequate disclosures related to account balances or transactions (for example, disclosure deficiencies relating to accounting policies, inventory, valuation allowances, long-term debt, related-party transactions, or concentrations of credit risk)
- Bank overdrafts not properly presented on the balance sheet, failure to accrue income taxes where the accrual and provision are not expected to be significant to the financial statements taken as a whole, and missing insignificant disclosures in the financial statements
- Financial statement titles that were inconsistent with the accountant's report

Statements on Standards for Accounting and Review Services Procedures (Including Documentation)

- The written communication of the understanding with management regarding the services to be performed (for example, an engagement letter) exists but fails to address the requirements of the applicable professional standards

List of Matters and Findings That Generally Would Result in a Deficiency

Reports

- Issuance of a review report when the accountant is not independent
- Inappropriate references to GAAP in the accountant's report when the financial statements were prepared using a special purpose framework
- Failure to disclose the lack of independence in a compilation report
- Failure to appropriately modify a report for a scope limitation or significant departure from the basis of accounting used for the financial statements
- Failure to adopt current applicable professional standards, or the accountant's report does not contain the critical elements of the current applicable professional standards
- Failure to disclose, in the accountant's report, significant departures from professional standards (examples include omission of significant income tax provisions on interim financial statements, omission of significant disclosures

related to defined employee benefit plans, or omission of required supplemental information for a common-interest realty association)

- Failure to indicate on the accountant’s report the periods covered by the report, and they cannot be determined from reading the financial statements
- Failure to include a separate paragraph for departures from the financial reporting framework, including dollar amounts or a statement that the impact was not determined
- A compilation report that fails to include all the reasons why the accountant is not independent when such reasons are presented (for example, the report provides only one of three reasons)
- A review report on financial statements that omits disclosures required by GAAP and that is not appropriately modified for the omissions
- For a compilation engagement, failure to disclose the omission of substantially all disclosures or the statement of cash flows (if applicable) required by the applicable financial reporting framework
- For a compilation or review engagement performed in accordance with Statements on Standards for Accounting and Review Services (SSARSs), failure to appropriately modify the report in accordance with professional standards, when the financial statements are prepared in accordance with a special purpose framework
- For preparation engagements, failure to issue a disclaimer report, when the accountant is unable to include a statement on each page of the financial statements indicating, at a minimum, that “no assurance is provided”

Financial Statement Measurement

- Investments in marketable securities presented at cost and not fair market value, resulting in a material misstatement to the balance sheet
- Inclusion of material balances that are not appropriate for the basis of accounting used
- Failure to include material amounts or balances necessary for the basis of accounting used (examples include omission of accruals, failure to amortize a significant intangible asset, failure to provide for losses or doubtful accounts, or failure to provide for deferred income taxes)
- Improper accounting of a transaction (for example, recording a capital lease as an operating lease)

- Use of an inappropriate method of revenue recognition

Presentation and Disclosure

- Disclosure of omission of substantially all disclosures (in a compilation without disclosures) when, in fact, substantially all disclosures have been included
- Misclassification of transactions or balances and omission of significant required disclosures related to financial statement balances on transactions
- Failure to disclose that compiled financial statements that omit substantially all disclosures were prepared using a special purpose framework and the basis of accounting is not readily determinable from reading the accountant's compilation report
- For a preparation engagement, failure to include, either on the face of the financial statements or in a note to the financial statements, a description of the financial reporting framework when the financial statements have been prepared in accordance with a special purpose framework
- For a preparation engagement, failure to disclose the omission of substantially all disclosures or the statement of cash flows (if applicable) required by the applicable financial reporting framework
- For a preparation engagement, failure to disclose a material misstatement in the financial statements when the accountant prepares financial statements that contain a known departure or departures from the applicable financial reporting framework
- Significant departures from the financial statement formats prescribed by industry accounting and audit guides
- Omission of disclosures related to significant accounting policies applied (GAAP or special purpose framework)
- Failure to include a summary of significant assumptions in a financial forecast or projection
- Failure to segregate the statement of cash flows into the components of operating, investing, and financing
- Failure to disclose the cumulative effect of a change in accounting principles
- Failure to disclose significant related-party transactions
- Omission of actual financial statements that are referred to in the report

- Failure to include one or more statements of cash flows when comparative results of operations are presented in financial statements prepared in accordance with GAAP

SSARs Procedures (Including Documentation)

- Failure to establish an understanding with management regarding the services to be performed through a written communication (for example, an engagement letter)
- Failure to document significant findings or issues
- Failure to document communications to the appropriate level of management regarding fraud or illegal acts that come to the accountant's attention
- For review engagements, failure to perform or document analytical and inquiry procedures, including the matters covered, and the development of and basis for the accountant's expectations
- For review engagements, failure to document significant unusual matters and their disposition
- For review engagements, failure to obtain a client management representation letter
- Failure to obtain all required signatures on the engagement letter (or other suitable written agreement)

Exhibit B — Illustrative Examples of a Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed

.A30 This exhibit contains various illustrations of a peer reviewer’s report on the reviewed firm’s conformity with professional standards on engagements reviewed.

Illustration 1 — A Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Pass

Illustration 2 — A Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Pass With Deficiencies

Illustration 3 — A Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Fail

Illustration 1 — A Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Pass

[Administering entity letterhead for a committee-appointed review team review; firm letterhead for a firm-on-firm review; review captain’s firm letterhead for an association-formed review team]

Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed^{fn 1}

[Exit Conference Date]

To the Partners of [*or other appropriate terminology*] XYZ & Co. and the Peer Review Committee of the [*insert the name of the applicable administering entity*]:^{fn 2}

We^{fn 3} have reviewed selected accounting engagements of XYZ & Co. (the firm)^{fn 4} issued with periods ending during the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in an engagement review as described in the Standards may be found at www.aicpa.org/prsummary.

Firm’s Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also

^{fn 1} The report title and body should be tailored as appropriate when a single engagement is reviewed. The title should be changed to “Report on the Firm’s Conformity With Professional Standards on an Engagement Reviewed.”

^{fn 2} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of [*or appropriate terminology*] XYZ & Co. and the National Peer Review Committee.”

^{fn 3} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 4} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer’s Responsibility

Our responsibility is to evaluate whether the engagements submitted for review were performed and reported on in conformity with applicable professional standards in all material respects.

An engagement review does not include reviewing the firm’s system of quality control and compliance therewith and, accordingly, we express no opinion or any form of assurance on that system.

Conclusion

Based on our review, nothing came to our attention that caused us to believe that the engagements submitted for review by XYZ & Co.^{fn 5} issued with periods ending during the year ended June 30, 20XX, were not performed and reported on in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co has received a peer review rating of *pass*.

[Name of review captain’s firm on firm-on-firm review or association-formed review team]

[or]

[Name], Review Captain [for committee-appointed review team review]

^{fn 5} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

Illustration 2 — A Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Pass With Deficiencies

[Administering entity letterhead for a committee-appointed review team review; firm letterhead for a firm-on-firm review; review captain’s firm letterhead for an association-formed review team]

Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed^{fn 1}

[Exit Conference Date]

To the Partners of [*or other appropriate terminology*] XYZ & Co. and the Peer Review Committee of the [*insert the name of the applicable administering entity*]:^{fn 2}

We^{fn 3} have reviewed selected accounting engagements of XYZ & Co. (the firm)^{fn 4} issued with periods ending during the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in an engagement review as described in the Standards may be found at www.aicpa.org/prsummary.

Firm’s Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also

^{fn 1} The report title and body should be tailored as appropriate when a single engagement is reviewed. The title should be changed to “Report on the Firm’s Conformity With Professional Standards on an Engagement Reviewed.”

^{fn 2} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of [*or appropriate terminology*] XYZ & Co. and the National Peer Review Committee.”

^{fn 3} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 4} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer’s Responsibility

Our responsibility is to evaluate whether the engagements submitted for review were performed and reported on in conformity with applicable professional standards in all material respects.

An engagement review does not include reviewing the firm’s system of quality control and compliance therewith and, accordingly, we express no opinion or any form of assurance on that system.

Deficiencies^{fn 5} Identified in the Firm’s Conformity With Professional Standards on Engagements Reviewed^{fn 6}

We noted the following deficiencies^{fn 7} during our review:

1. On one review engagement of a manufacturing client, we noted that the accompanying accountant’s report was not appropriately modified when the financial statements did not appropriately present or disclose matters in accordance with industry standards.
2. On a review engagement, we noted that the firm failed to obtain a management representation letter, and its working papers failed to document the matters covered in the accountant’s inquiry and analytical procedures. These deficiencies were identified on the firm’s previous review.

Conclusion

Because of the deficiencies previously described, we concluded that at least one but not all of the engagements submitted for review by XYZ & Co.^{fn 8} issued with periods ending during the year ended June 30, 20XX, were not performed and reported on in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co. has received a peer review rating of *pass with deficiencies*.

^{fn 5} The wording should be tailored to indicate a single deficiency, when applicable.

^{fn 6} The wording should be tailored to indicate a single engagement reviewed, when applicable.

^{fn 7} The deficiencies provided are examples for illustrative purposes only.

^{fn 8} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

[Name of review captain's firm on firm-on-firm review or association-formed review team]

[or]

John Brown, Review Captain *[for committee-appointed review team review]*

Illustration 3 — A Reviewer’s Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Fail

[Administering entity letterhead for a committee-appointed review team review; firm letterhead for a firm-on-firm review; review captain’s firm letterhead for an association-formed review team]

Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed^{fn 1}

[Exit Conference Date]

To the Partners of *[or other appropriate terminology]* XYZ & Co. and the Peer Review Committee of the *[insert the name of the applicable administering entity]*^{fn 2}

We^{fn 3} have reviewed selected accounting engagements of XYZ & Co. (the firm)^{fn 4} issued with periods ending during the year ended June 30, 20XX. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in an engagement review as described in the Standards may be found at www.aicpa.org/prsummary.

Firm’s Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not

^{fn 1} The report title and body should be tailored as appropriate when a single engagement is reviewed. The title should be changed to “Report on the Firm’s Conformity With Professional Standards on an Engagement Reviewed.”

^{fn 2} The report of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the Partners of *[or appropriate terminology]* XYZ & Co. and the National Peer Review Committee.”

^{fn 3} The report should use the plural *we*, *us*, and *our* even if the review team consists of only one person. The singular *I*, *me*, and *my* are appropriate only if the reviewed firm has engaged another firm to perform its review and the reviewing firm is a sole practitioner.

^{fn 4} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add “applicable to engagements not subject to PCAOB permanent inspection.”

performed or reported on in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer’s Responsibility

Our responsibility is to evaluate whether the engagements submitted for review were performed and reported on in conformity with applicable professional standards in all material respects.

An engagement review does not include reviewing the firm’s system of quality control and compliance therewith and, accordingly, we express no opinion or any form of assurance on that system.

Deficiencies^{fn 5} Identified in the Firm’s Conformity With Professional Standards on Engagements Reviewed^{fn 6}

We noted the following deficiencies^{fn 7} during our review:

1. Our review disclosed several failures to adhere to applicable professional standards in reporting on material departures from generally accepted accounting principles (GAAP) and in conforming to standards for accounting and review services. Specifically, the firm did not disclose in certain compilation and review reports failures to conform with GAAP in accounting for leases, in accounting for revenue from construction contracts, and in disclosures made in the financial statements or the notes thereto concerning various matters important to an understanding of those statements. The compilation and review engagements were in the construction and manufacturing industries, respectively. In addition, the firm did not obtain management representation letters on review engagements.
2. During our review, we noted the firm did not modify its compilation reports on financial statements when neither the financial statements nor the footnotes noted that the statements were presented using a special purpose framework. This deficiency was noted in the firm’s previous peer reviews.
3. In the construction industry compilation engagements that we reviewed, disclosures of material lease obligations as required by GAAP were not included in the financial statements, and the omissions were not disclosed in the accountant’s reports.

^{fn 5} This wording should be tailored to indicate a single deficiency, when applicable.

^{fn 6} This wording should be tailored to indicate a single engagement reviewed, when applicable.

^{fn 7} The deficiencies provided are examples for illustrative purposes only.

4. During our review of the firm's engagements to prepare financial statements, we noted the firm did not issue a disclaimer that made clear no assurance was provided on the financial statements and also did not indicate that no assurance was provided on each page of the financial statements.

Conclusion

Because of the deficiencies previously described, we concluded that all the engagements submitted for review by XYZ & Co.^{fn 8} issued with periods ending during the year ended June 30, 20XX, were not performed and reported on in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. XYZ & Co has received a peer review rating of *fail*.

~~Smith, Jones and Associates~~

[*Name of review captain's firm on firm-on-firm review or association-formed review team*]

[*or*]

John Brown, Review Captain [*for committee-appointed review team review*]

^{fn 8} The report of a firm that is required to be registered with and inspected by the PCAOB should be tailored here to add "applicable to engagements not subject to PCAOB permanent inspection."

PR-C Section 300, *General Principles and Responsibilities for Reviewed Firms*

Introduction

Scope of This Section

.01 This section contains general principles and responsibilities for reviewed firms. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*.

Effective Date

.02 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.03 The objective of the reviewed firm is to enhance its effectiveness and contribute to the quality of our profession by undergoing a peer review performed in accordance with the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board (the board) of the American Institute of Certified Public Accountants.

Definitions

.04 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Ethical Requirements Relating to a Peer Review

.05 A reviewed firm should maintain independence in fact and appearance from the reviewing firm or firms, reviewers, and any other individuals who participate in or are associated with the peer review.

Preparing for a Peer Review

Engage a Reviewer

.06 The firm should timely engage a reviewer to perform the peer review in accordance with the standards. The firm and the captain should agree on the commencement and anticipated exit conference dates. (Ref: par. .A1–.A2)

.07 The firm should consider whether the qualifications of the captain and team members, if applicable, are commensurate with the nature of the firm’s practice.

.08 The firm should designate a partner or manager from the firm as the peer review contact. The peer review contact should be knowledgeable about the nature of the firm’s practice and is

accountable for providing complete and accurate information to the peer review team and the administering entity (AE).

Licensure

.09 It is the reviewed firm's responsibility to understand and comply with its licensing requirements. Therefore, it should be prepared to respond to the reviewer's inquiries and requests for documentation. This is also important for out-of-state firm and individual licenses when licensing requirements may be more difficult to identify and understand.

Written Representations

.10 Written representations should be provided to the captain on firm letterhead from members of management of the firm whom the captain or AE believes are responsible for and knowledgeable about, directly or through others in the firm, the matters covered in the representations, the firm, and its system of quality control. (Ref: par. .A3–.A4)

.11 The written representations should be in the form of a representation letter on firm letterhead, addressed to the captain, and signed by a member of management described in paragraph .10, as of the date of the peer review report. (Ref: par. .A5)

Cooperating and Complying With the Requirements of the Program

.12 A firm should cooperate with the reviewer, AE, and AICPA Peer Review Board (the board) in all matters related to the program. (Ref: par. .A6–.A7)

.13 A firm should ensure its peer review is submitted in compliance with the requirements of the program.

- a. A firm is considered not cooperating and its enrollment is subject to termination from the program for reasons including, but not limited to, the following: (Ref: par. .A7)
 - i. Once the review has commenced, not responding to inquiries or providing information necessary to ensure the review is accepted and completed
 - ii. Not providing documentation including the representation letter, quality control documents, engagement working papers, and all elements of the firm's system of quality control
 - iii. Not responding to matters for further consideration (MFCs) or findings for further consideration (FFCs) timely
 - iv. Limiting access to offices, personnel, or other once the review has commenced
 - v. Not facilitating the arrangement for the exit conference on a timely basis
 - vi. Failing to timely file a letter of response, if applicable
 - vii. Failing to cooperate during oversight
 - viii. Failing to timely agree to and complete required corrective actions or implementation plans

- ix. Failing to ensure that the firm's peer review is submitted to the AE timely
- b. A firm is considered not complying with the requirements of the program and its enrollment is subject to termination from the program for reasons including, but not limited to, the following:
- i. Withholding information significant to the peer review (Ref: par. .A8)
 - ii. Failing to correct deficiencies or significant deficiencies after consecutive non-pass (*pass with deficiencies* or *fail*) peer review reports (Ref: par. .A9)
 - iii. Failing to correct deficiencies or significant deficiencies after consecutive corrective actions required by the committee on the same peer review
 - iv. Receiving a peer review report with deficiencies or significant deficiencies that indicate the firm is so seriously deficient in its performance that the committee believes educational and remedial corrective actions or implementation plans would not be adequate
 - v. Failing to provide the AE with a substantive response, and the firm does not revise its response or provides additional responses that are not substantive as determined by the AE (Ref: par. .A10)
 - vi. Failing to provide substantive responses during the AE's process of determining if information provided by a firm was erroneous or omitted, which results in a significant change in the planning, performance, evaluation of results, or peer review report (Ref: par. .A11)
 - vii. Failing to timely notify the AE that it is performing a type of engagement or engagement in an industry that the firm had previously represented by written communication to the AE that it was no longer performing and had no plans to perform, in response to a related corrective action or implementation plan and the corrective action or implementation plan was eliminated by the AE based on that representation

.14 If a firm is deemed not cooperating or not complying with the requirements of the program due to the reasons described in paragraph .13, it should be notified by a delivery method providing proof of delivery (including electronic means) that the board will appoint a hearing panel to consider whether the firm's enrollment in the program should be terminated in accordance with fair procedures established by the board.

.15 If a firm has AICPA members, the fact that the firm's enrollment in the program has been terminated, whether with or without a hearing, should be published in such form and manner as AICPA Council may prescribe.

Reenrollment in the Program

.16 To reenroll in the program, a firm should submit a request to reenroll in the program through an AE. If the firm was dropped or terminated from the program, the firm should address and remediate the circumstances that caused the firm to be dropped or terminated to be considered for reenrollment in the program. Common criteria for reenrollment include, but are not limited

to, submitting evidence to the AE or hearing panel that demonstrates the following: (Ref: par. .A12–.A14)

- a. Completion of the requested action in compliance with the requirements of the program
- b. Changes in the firm’s system of quality control (such as personnel changes or procedural changes, methodologies to identify the complete population of engagements performed, access to technical resources or membership in quality centers, and voluntary changes in the practice or types of industries or engagements performed)
- c. Competency through completion of relevant CPE, training, or competency assessments
- d. Assessment of quality in the performance of engagements through internal or external monitoring results (such as pre-issuance reviews, post-issuance reviews, and internal inspections that reflect that engagements are materially performed and reported on in conformity with applicable professional standards)

.17 If reenrollment is approved and the firm is past its next peer review due date, the firm should complete its subsequent peer review

- a. within 90 days of reenrolling if the firm’s most recent peer review is completed,
- b. within 90 days of the AE’s report acceptance body (RAB) determining that actions taken are satisfactory to complete a commenced peer review, or
- c. by a later date set by the hearing panel or the AE.

Publicizing Peer Review Information

.18 The firm should not publicize the results of the review or distribute copies of the peer review report to its personnel, clients, or others until the date of acceptance. (Ref: par. .A15–.A20)

Acquisitions and Divestitures

.19 If a firm has had an acquisition of another practice or a portion thereof or a divestiture of a significant portion of its practice during or subsequent to its peer review year, the reviewed firm or the reviewer should consult with the relevant AE and AICPA staff prior to the commencement of the review to consider the appropriate scope of the review or other actions that should be taken. (Ref: par. .A21–.A22)

Resigning From the Program

.20 A firm may resign from the program when it is no longer performing engagements that require the firm to undergo a peer review. To resign from the program, a firm should submit a written request to the AE before the firm’s peer review has commenced. A firm should consult with its state board of accountancy to determine if there are rules that require enrollment in peer review even if the firm does not perform services that include issuing reports or when it is no longer performing engagements that require a firm to undergo a peer review.

.21 A firm enrolled in the program that has been notified that it is the subject of a hearing should not resign until the matter causing the hearing has been resolved.

.22 To resign from the program once a firm's peer review has commenced but has not been completed, a firm should submit a letter pleading guilty, acknowledging it has not cooperated with the program, waiving its right to a hearing, and for firms with AICPA members, agreeing to allow the AICPA to publish, in such form and manner as the AICPA Council may prescribe, the fact that the firm has resigned from the program before completion of its peer review, evidencing that it has not cooperated with the program. In addition, if (a) the firm has been notified of the reviewer's or AE's intent to issue or require a report with a peer review rating of *pass with deficiencies* or *fail* or (b) the reviewer or AE has knowledge of the discovery of an engagement that was not conducted in accordance with professional standards on which the firm must take, or would likely be required to take, action in accordance with professional standards, then the fact that the situation in item (a) or (b) existed would also be published for firms with AICPA members. If the firm does not sign the letter pleading guilty and waiving its right to a hearing, the firm will be referred to a board hearing panel. The panel will consider terminating the firm's enrollment due to not cooperating with the program. (Ref: par. .A23)

Natural Disasters and Other Catastrophic Events

.23 If a firm experiences a natural disaster or other catastrophic event that affects its ability to comply with the requirements of the standards, the firm should consult with its AE.

.24 If the situation affected both the firm's operations and its ability to comply with peer review requirements, the firm should discuss the following with the AE:

- a. The firm's current peer review year-end and due date
- b. The extent of damage to the firm's offices and the working papers subject to peer review, if applicable (This would include off-site storage or data-retention facilities that house working papers subject to peer review.)
- c. The availability, or lack thereof, of personnel that performed engagements subject to peer review
- d. The firm's ability to continue operating and performing engagements subject to peer review
- e. If known, whether the firm's scheduled peer reviewer was also affected
- f. The amount of time the firm deems necessary before it would be ready to undergo a peer review

The AE should assist in determining whether there could be a possible scope limitation due to the exclusion of any affected engagements or offices, the need for a change in year-end or an extension of due date, and the effect on the firm's continuing peer review cycle. These situations will be considered on a case-by-case basis.

.25 If the firm's scheduled reviewer was directly affected by a natural disaster or other catastrophic event and may no longer be able to perform the review, the firm should consult with its AE. The AE will assist the firm in determining whether it is appropriate to extend the peer

review due date or if the firm should engage another reviewer to perform its peer review. (Ref: par. .A24)

Application and Other Explanatory Material

Preparing for a Peer Review

Engage a Reviewer (Ref: par. .06)

.A1 *Timely* ordinarily means performing the review within three to five months after the peer review year-end; the firm may need to contact its reviewer in advance to meet this timeframe. The review should be planned to provide the review team with sufficient time to perform the review and to provide the firm with sufficient time prior to the exit conference to determine appropriate responses to matters, findings, deficiencies, and significant deficiencies identified during the review.

.A2 The terms and conditions of the peer review may be summarized in an engagement letter between the reviewed firm and the reviewing firm.

Written Representations (Ref: par. .10–.11)

.A3 Written representations are necessary information that describe matters significant to the peer review to assist in the planning, performance of, and reporting on the peer review. The specific representations are detailed in section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*, and section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*, as applicable.

.A4 Members of management responsible for and knowledgeable about the required representations normally include the managing partner and partner in charge of the firm's system of quality control.

.A5 The representation letter is addressed to the captain because the captain is concerned with events occurring during the peer review period and through the date of the peer review report that may require an adjustment to the report or other peer review documents.

Cooperating and Complying With the Requirements of the Program (Ref: par. .12–.15)

.A6 Cooperation includes completing actions timely and in compliance with the requirements of the program.

.A7 A firm is considered not cooperating and is subject to being dropped from the program by the board for reasons including, but not limited to, failing to do the following:

- a. Timely file requested information with the AE, prior to the commencement of the peer review.

- b. Timely submit requested information to the reviewer that is necessary to plan or perform the firm's peer review, prior to the commencement of the peer review.
- c. Have a peer review by the due date.
- d. Accurately represent its accounting and auditing practice, as defined by the program, after notifying its AE that it does not perform engagements that require the firm to have a peer review.
- e. Timely pay in full the fees and expenses of the review team formed by an AE, or timely pay all fees related to the administration of the program that have been authorized by the governing body of an AE and the AICPA.

If a firm is deemed not cooperating as a result of any of the failures described, it will be notified by a delivery method providing proof of delivery (including electronic means) that its enrollment will be dropped after 30 days if the firm does not cooperate. The board may drop a firm's enrollment with or without holding a hearing. A firm whose enrollment has been dropped or terminated from the program may appeal within 30 calendar days of notification pursuant to fair procedures established by the board. If a firm's enrollment is dropped or terminated for not accurately representing its accounting and auditing practice, or for subsequent failure to submit a peer review by a required due date, this may result in an investigation of a possible violation by a regulatory, monitoring, or enforcement body.

.A8 Information significant to the peer review may include, but is not limited to, the following:

- a. Failing to discuss communications received by the reviewed firm relating to allegations or investigations in the conduct of accounting, auditing, or attestation engagements from regulatory, monitoring, or enforcement bodies
- b. Omission or misrepresentation of information relating to the reviewed firm's accounting and auditing practice as defined by the AICPA Standards for Performing and Reporting on Peer Reviews, including, but not limited to, engagements performed under *Government Auditing Standards*, audits of employee benefit plans, audits performed under FDICIA, and examinations of service organizations (SOC 1[®] and SOC 2[®] engagements)

.A9 A firm should be notified after receiving a non-pass (*pass with deficiencies* or *fail*) peer review report of its responsibility to correct the deficiencies or significant deficiencies. This notification will be via a delivery method providing proof of delivery (including electronic means).

.A10 The AE has the authority to determine if a firm's response is substantive.

.A11 The AE has the authority to determine if erroneously provided or omitted information by a firm that results in a significant change in the planning, performance, evaluation of results, or peer review report is a matter of not cooperating with the program.

Reenrollment in the Program (Ref: par. .16–.17)

.A12 Reenrollment in the program is subject to evaluation by either the AE or a hearing panel of the Peer Review Board. The hearing panel or AE's peer review committee may also require other actions as a condition of reenrollment.

.A13 Determination of final acceptance or completion of a review is subject to the AE's RAB.

.A14 Reenrollment decisions subject to approval by a hearing panel of the board include, but are not limited to, the following:

a. Drops for

- i. not accurately representing the reviewed firm's accounting and auditing practice as defined by the AICPA Standards for Performing and Reporting on Peer Reviews
- ii. failing to submit the reviewed firm's peer review by a required due date after being dropped for the preceding reason and subsequently being allowed to reenroll

b. Terminations for

- i. omitting or misrepresenting information related to the reviewed firm's accounting and auditing practice as defined by the AICPA Standards for Performing and Reporting on Peer Reviews
- ii. failing to receive a *pass* report rating subsequent to receiving notification via certified mail, or other delivery method providing proof of delivery (including electronic means), after a peer review rating of *pass with deficiencies* or *fail*
- iii. failing to correct deficiencies or significant deficiencies after consecutive corrective actions required by the committee on the reviewed firm's most recent peer review

Publicizing Peer Review Information (Ref: par. .18)

.A15 The firm's AE and AICPA staff may disclose to third parties the following information:

- a.* The firm's name and address
- b.* Whether the firm is enrolled in the program
- c.* The date of acceptance and period covered by the firm's most recently accepted peer review
- d.* The most recent date that the firm's enrollment in the program has been dropped or terminated, if applicable

This information is available in the AICPA public file for all firms enrolled in the program.

.A16 The firm may authorize its AE or AICPA staff to make its peer review results available to the public or to state boards of accountancy. Peer review results include, as applicable, the following:

- a. Peer review report
- b. Letter of response
- c. Acceptance letter
- d. Letters signed by the reviewed firm indicating that the peer review documents have been accepted with the understanding that the reviewed firm agrees to take certain actions
- e. Letter signed by the AE notifying the reviewed firm that certain required actions have been completed

The authorization ordinarily occurs during the firm's peer review scheduling process when the firm may choose not to opt out of the program's process for voluntary disclosure through Facilitated State Board Access (FSBA).

.A17 A firm may voluntarily become a member of one of the AICPA's audit quality centers or sections that require, as a condition of membership, making the firm's peer review results (described in paragraph .A16) open to public inspection.

.A18 When the firm's peer review is ongoing, the firm may give the AE or AICPA staff written authorization to provide specific information to third parties (in addition to the information in paragraph .A15). The following (or similar) types of objective information about the review may be provided, if known:

- a. The date the review is or was scheduled to take place
- b. The name of the reviewing firm, team captain, or review captain
- c. If the fieldwork on the peer review has commenced
- d. The date the exit conference was expected to or did occur
- e. A copy of any extension approval letters
- f. Whether the peer review working papers have been received by the AE
- g. Whether a must-select engagement was included in the scope as required by the standards
- h. If a technical review is in process
- i. Whether the review has been presented for acceptance
- j. The date the review is expected to be presented for acceptance
- k. The specific overdue letters (such as, but not limited to, scheduling the peer review or completion of remedial actions) requested by third parties

.A19 When there is evidence of an open ethics investigation and the firm knowingly makes an informed, voluntary, written waiver of the right to confidentiality, in those circumstances, AICPA Peer Review staff may provide information to the AICPA Professional Ethics Division. Information available for disclosure about the firm includes, but is not limited to, the following:

- a. Fieldwork commencement date
- b. Exit conference date
- c. Review acceptance date
- d. Levels of service and industries included in the firm's peer review information for prior or current peer reviews

- e. Levels of service and industries included in prior or current peer reviews and those determined not to be in conformity with professional standards in all material respects
- f. Signed confirmations by a firm representative that the enrolled firm did not perform any services or issue reports that would require the firm to undergo a peer review
- g. Other similar information related to a prior or current peer review

.A20 The firm may give the AE or AICPA staff other written requests to provide information or documents to a third party, which will be considered on a case-by-case basis by the AE or the AICPA. However, neither the AE nor the AICPA will provide information that is subjective (due to different definitions or interpretations by third parties), even with firm authorization, such as the following:

- a. Stating solely that the review is “in process” or responding to an inquiry solely regarding what the “general status” of a peer review is
- b. The peer review report rating prior to the peer review’s acceptance
- c. Whether there are indications that the firm, reviewing firm, team captain, or review captain are cooperating (or not cooperating) with the AICPA or AE
- d. An indication of the quality or completeness of peer review working papers received by the AE
- e. Reasons why peer review working papers, implementation plans, or corrective actions are late
- f. Whether a firm is close to submitting documents or completing implementation plans or corrective actions
- g. Reasons for or the likely outcome if the firm is going through fair procedures to determine whether it is cooperating with the AICPA or the AE

Acquisitions and Divestitures (Ref: par. .19)

.A21 A divestiture of a portion of the practice of a reviewed firm during the year under review may have to be reported as a scope limitation if the review team is unable to assess compliance with the system of quality control for reports issued under the firm’s name during that year.

.A22 Submission of the “Firm Structure Change” form may be considered a consultation with the AE and AICPA staff.

Resigning From the Program (Ref: par. .22)

.A23 The submission by the firm of a request to resign from the program once its peer review has commenced but has not been completed is considered not cooperating with the AE and may lead to the termination of the firm’s enrollment in the program by a hearing panel of the board.

Natural Disasters and Other Catastrophic Events (Ref: par. .25)

.A24 If a reviewer was affected by a natural disaster or other catastrophic event and is not able to complete a scheduled review, the AE will consider the following:

- a. The firm's peer review year-end and the timing of when engagements falling within the peer review year are performed
- b. The length of time between when the situation arose and the firm's due date
- c. The amount of time that the currently scheduled peer reviewer or review team would need before being able to perform the peer review
- d. Whether the firm has very specialized industries or types of engagements

PR-C Section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*

Introduction

Scope of This Section

.01 This section contains requirements and application material for firms undergoing a system review. The requirements and guidance in this section supplement the requirements and application guidance in section 100, *Concepts Common to All Peer Reviews*, and section 300, *General Principles and Responsibilities for Reviewed Firms*.

.02 Firms that perform engagements under the Statements on Auditing Standards (SASs) or *Government Auditing Standards*, examinations under the Statements on Standards for Attestation Engagements (SSAEs), or engagements under PCAOB standards must have a system review. (Ref: par. .A1–.A2)

Effective Date

.03 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.04 The objective of the reviewed firm is to enhance its effectiveness and contribute to the quality of our profession by undergoing a system review performed in accordance with the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board (the board) of the American Institute of Certified Public Accountants. (Ref: par. .A3)

Definitions

.05 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Planning

.06 The firm should make the following information available to the reviewer:

- a. Information regarding the firm’s audit and accounting practice for each engagement with a period end date during the peer review year (or each financial forecast, financial projection, or agreed-upon procedures engagement with a report dated during the peer review year) and that was issued by the commencement date of the review to allow the reviewer to be able to identify
 - i. the level of service,
 - ii. the number of audit or accounting hours (actual, if available, or estimated),

- iii. the engagement partner,
 - iv. the industry,
 - v. whether an engagement was an initial engagement,
 - vi. the office (if applicable), and
 - vii. whether an engagement was a must-select or must-cover engagement (if applicable) (Ref: par. .A4)
- b. A list of firm personnel (Ref: par. .A5)
 - c. Responses to inquiries about the areas to be addressed in the written representations
 - d. The firm's prior
 - i. peer review report,
 - ii. letter of response (if applicable),
 - iii. letter of acceptance,
 - iv. findings for further consideration (FFCs) (if applicable), and
 - v. representation letter
 - e. The firm's quality control documentation (Ref: par. .A6)

.07 The firm should assist the reviewer in meeting the objectives of performing a system review. The peer review contact should meet with the review team at the beginning of the review to orient them to firm policies and procedures and introduce them to appropriate personnel. (Ref: par. .A7–.A8)

Engagement Selection

.08 For each engagement selected for review, the reviewed firm should submit (masking client identity if it desires) the following: (Ref: par. .A9)

- a. The appropriate financial statements or information
- b. The accountant's or auditor's report, if applicable
- c. Engagement profile
- d. The documentation required by applicable professional standards for each engagement

Scope Limitations

.09 The firm should notify the team captain and the AE, prior to the commencement of the review, if it intends to exclude an engagement or elements of the firm's system of quality control. This notification should indicate

- a. its plans to exclude one or more engagements or aspects of functional areas from the peer review selection process,
- b. the reasons for the exclusion, and
- c. that it is requesting a waiver from the AE for the exclusion.

Testing Compliance With the Firm’s System of Quality Control

.10 The firm should promptly respond to reviewer questions during the review. (Ref: par. .A10–.A12)

Responding to Matters, Findings, Deficiencies, and Significant Deficiencies

.11 The firm should discuss preliminary peer review results, including matters, findings, deficiencies, and significant deficiencies, with the reviewer. Ordinarily, this discussion occurs during the closing meeting. If the firm disagrees with one or more of the matters, findings, or deficiencies, and the firm and reviewer can’t come to a resolution, the firm should contact the AE for assistance and follow the guidance in section 100 to resolve the disagreement. (Ref: par. .A13)

.12 The firm should respond to

- a. matters via the matter for further consideration (MFC) form,
- b. findings via the FFC form, and
- c. deficiencies or significant deficiencies via a letter of response.

.13 Responses to matters, findings, deficiencies, or significant deficiencies should include an assessment of the systemic cause, which should provide enough detail for the reviewer to understand how the firm arrived at its conclusion.

.14 The firm’s responses to findings, deficiencies, or significant deficiencies should (Ref: par. .A14–.A19)

~~a.~~ include the firm’s actions taken or planned to remediate the findings or deficiencies in the firm’s system of quality control and nonconforming engagements, if applicable, including

~~b.a.~~

~~i.~~ timing of the remediation and

~~ii.~~

~~iii.~~ additional procedures to ensure the finding or deficiency is not repeated in the future.

~~iv.~~ii.

~~e.b.~~ be feasible, genuine, and comprehensive.

~~f.c.~~ be addressed to the AE’s peer review committee (committee) in a letter of response, if applicable.

~~e.d.~~ be dated as of the exit conference date in a letter of response, if applicable.

~~f.e.~~ be on firm letterhead in a letter of response, if applicable.

The reviewer should review documentation of any action taken by the firm and consider whether the action is appropriate.

.15 The firm's draft responses should be provided to the team captain as soon as possible after the closing meeting to allow the team captain enough time to assess the firm's responses prior to the exit conference. (Ref: par. .A20–.A21)

.16 The firm should provide to the team captain written representations on firm letterhead for the peer review year, dated as of the date of the peer review report, that state the following: (Ref: par. .A22–.A23)

- a. Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting and auditing practice that provides us with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.
- b. Management acknowledges its responsibility for complying with the rules and regulations of state boards of accountancy and other regulations.
- c. Management has disclosed to the team captain all known instances of noncompliance or suspected noncompliance with the rules and regulations of state boards of accountancy or other regulatory bodies, including applicable firm and individual licensing requirements in each state in which the firm practices, for the year under review. If there are known instances of noncompliance, management should summarize the instances and, if applicable, describe its remediation of the noncompliance.
- d. Management has discussed significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the team captain, if applicable.
- e. Management has fulfilled its responsibility to remediate nonconforming engagements as stated by the firm on the [*Matter for Further Consideration Form, Finding for Further Consideration Form, or Letter of Response*], if applicable.
- f. Management understands the intended uses and limitations of the quality control materials it has developed or adopted. Management has tailored and augmented the materials as appropriate such that the quality control materials encompass guidance that is sufficient to assist it in conforming with professional standards (including the Statements on Quality Control Standards) applicable to its accounting and auditing practice.
- g. Management has responded fully and truthfully to of the team captain's inquiries.
- h. Management has provided the team captain with all relevant information, which included

- i. all engagements with periods ending during (or, for financial forecasts or projections and agreed-upon procedures engagements, report dates in) the year under review.
- ii. all must-select engagements, as applicable.
- i. Management has disclosed to the team captain if the firm performed must-select engagements for the period covered by the peer review, and, if so, at least one of each type of must-select engagement that was performed was selected and reviewed by the peer reviewer.
- j. Management acknowledges that failure to properly include these engagements on the list could be deemed as failure to cooperate and may result in termination from the Peer Review Program and, if termination occurs, may result in an investigation of a possible violation by the appropriate regulatory, monitoring, or enforcement body.
- k. Management has provided to the team captain communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to allegations or investigations of deficiencies in the conduct of an accounting, audit, or attestation engagement performed and reported on by the firm, whether the matter relates to the firm or its personnel, within three years preceding the current peer review year-end.
- l. Management has disclosed that there are no known limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end, or management has included a summary of the limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end.

.17 If, in addition to the representations required by paragraph .16, the team captain determines that it is necessary to obtain other representations based on the circumstances and nature of the peer review, the team captain should request such other written representations.

Subsequent Events

.18 If a firm performs a must-select engagement in an industry not subject to the current review after the year-end and before the due date of its system review, the reviewed firm should (Ref: par. .A24–.A25)

- a. immediately notify the AE and
- b. determine if the due date should be extended to include the must-select engagement.

Application and Other Explanatory Material **Scope of This Section (Ref: par. .01–.02)**

.A1 Firms eligible to have an engagement review may elect to have a system review.

.A2 Joint ventures formed specifically to perform certain engagements are not required to have a peer review provided that

- a. each of the firms that sign the joint venture report is required to have system reviews and agree to list the joint venture on its client rosters during its peer reviews.
- b. the joint venture is not operating and structured as a separate firm. (Joint ventures do not include part-time work arrangements, when only one firm issues the report.) If the letterhead used for the joint venture does not identify the separate firms that joined together to perform the engagement, then the joint venture is operating as a separate firm.

Objective (Ref: par. .04)

.A3 The reviewed firm may benefit from knowing the reviewer’s objectives in conducting a system review, which are to do the following:

- a. Obtain reasonable assurance that the reviewed firm’s system of quality control for its accounting and auditing practice has been designed and complied with to provide the firm with reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in all material respects.
- b. Report on the reviewed firm’s system of quality control and communicate as required by the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board of the American Institute of Certified Public Accountants, in accordance with the reviewer’s conclusions.

Planning (Ref: par. .06–.07)

.A4 For more information regarding engagements that must be selected or that fall into the “must-cover” category, refer to section 210, *General Principles and Responsibilities for Reviewers — System Reviews*, appendix C, “Additional Requirements for Must-Select and Must-Cover Engagements.”

.A5 The personnel list assists reviewers in performing their risk assessment procedures. The reviewer may request that the list include

- a. name,
- b. position, and
- c. years of experience
 - i. with the firm and
 - ii. in total.

.A6 Quality control documentation will likely include the firm’s quality control document, evidence of the performance of the firm’s monitoring procedures, and CPE documentation, among other documents. Upon reviewing such documentation, the reviewer may determine that

the firm's current-year internal monitoring procedures could enable the reviewer to reduce the extent of the peer review procedures.

.A7 To obtain an understanding of the firm's accounting and auditing practice and system of quality control, the reviewer will do the following:

- a. Inquire of appropriate management and other personnel
- b. Review the firm's internal policies and procedures
- c. Review the firm's quality control documentation
- d. Inquire of the firm regarding elements of the system of quality control residing outside of the firm (Ref: par. .A11)
- e. Complete the applicable quality control checklists

.A8 Examples of elements that could reside outside of the firm include, but are not limited to, membership in associations, joint ventures, non-CPA-owned entities, alternative practice structures, arrangements with outside consultants, third-party quality control materials, or CPE.

Engagement Selection (Ref: par. .08)

.A9 To obtain reasonable assurance that the firm is complying with its quality control policies and procedures and applicable professional standards, the reviewer will review a reasonable cross section of the firm's accounting and auditing engagements, with greater emphasis on those portions of the practice with higher combined assessed levels of inherent and control risk.

Testing Compliance With the Firm's System of Quality Control (Ref: par. .10)

.A10 To test the firm's compliance with its system of quality control and applicable professional standards, the reviewer will do the following:

- a. Review and evaluate highest-risk areas on selected engagements, including accounting and auditing documentation, and reports.
- b. Interview firm personnel at various levels to assess their understanding of, and compliance with, the firm's system of quality control.
- c. Review evidence to determine whether the firm has complied with its policies and procedures for each element of its system of quality control, which may include evidence since the previous peer review. (Ref: par. .A27 of section 210)
- d. Review other evidence as appropriate. (Ref: par. .A28–.A29 of section 210)
- e. Complete the applicable quality control checklists.

.A11 The reviewer's evaluation of each engagement submitted for review will include the following:

- a. Consideration of the financial statements or information and the related accountants' reports

- b. Review of accounting and audit documentation required by the applicable professional standards
- c. Consideration of the information related to the engagement obtained through the peer review including, but not limited to, engagement profile information, representations made by the firm, and other inquiries

.A12 When evaluating an audit engagement, the reviewer's procedures should include determining whether the reviewed firm has appropriately

- a. identified the significant risk areas on each audit engagement selected for the peer review,
- b. performed the necessary audit procedures related to the identified significant risk areas, and
- c. documented the auditing procedures performed in these significant risk areas.

Responding to Matters, Findings, Deficiencies, and Significant Deficiencies (Ref: par. .11 and .14–.15)

.A13 The closing meeting is designed to provide sufficient time for the firm to determine the appropriate responses to peer review results and for the reviewer to evaluate the firm's responses. The following are discussed during the closing meeting:

- a. Preliminary peer review results, including any matters, findings, deficiencies, or significant deficiencies, and the ~~type of report~~ expected report rating to be issued if determinable at this point
- b. The firm's requirement to respond to the MFCs, FFCs, or deficiencies or significant deficiencies included in the peer review report
- c. The firm's required written representations
- d. Other suggestions and observations for the firm to consider

.A14 The purpose of the firm's response on the FFC form or in the letter of response is for a firm to document the specific actions that will be taken to correct findings, deficiencies, or significant deficiencies identified by the reviewer and to enhance the firm's current system of quality control.

.A15 If the firm's response is not deemed to be feasible, genuine, and comprehensive, the AE's technical reviewer or committee will request a revised response. If pervasive nonconformity has been identified by the reviewer, the firm's response may state that it has reviewed other engagements with similar attributes to determine if similar remediation is warranted on other engagements that were not selected by the reviewer.

.A16 Although it is ultimately the firm's responsibility, firms are encouraged to work with the team captain to develop remedial actions and responses that both parties believe will be effective in correcting the matters, findings, and deficiencies or significant deficiencies identified during the peer review. Improvement is more likely to occur when the responses describe specific actions to be taken. Firms are discouraged from defaulting to a response of "we'll fix it on the

next engagement” unless the firm is able to articulate why that is the appropriate response. [As required by paragraph .40 of section 210](#), team captains or AEs should not dictate specific remediation to nonconforming engagements because those are decisions for the firm and its client to make.

.A17 The committee may require the firm to make and document appropriate considerations regarding nonconforming engagements as a condition of acceptance of the peer review. The firm response may affect monitoring actions the committee may impose, including actions to verify that the firm adheres to the intentions indicated in its response.

.A18 Examples of actions a firm may take in response to nonconforming engagements include, but are not limited to, the following:

- a. Omitted procedures performed (including documentation)
- b. Reissued report and financial statements
- c. Notification to users to discontinue use of previously issued reports

.A19 Illustrations of letters of response are presented in exhibit B, “Illustrative Examples of a Firm’s Letter of Response.”

.A20 If the firm is unable to determine appropriate remediation of weaknesses in its system of quality control and nonconforming engagements, if applicable, prior to the exit conference, the firm’s response may indicate interim steps that have been taken and confirm its intent to remediate when an appropriate response is determined. In these situations, the RAB considering the review will ordinarily assign an implementation plan or corrective action for the firm to provide its final remediation.

.A21 After the firm has responded to the MFCs, FFCs, and deficiencies or significant deficiencies in the report and the team captain has assessed whether the responses are appropriate and has considered any additional impact to the peer review results, the team captain should communicate the results to the firm at an exit conference. The following is discussed during the exit conference:

- a. Final peer review results, including any changes to the information communicated at the closing meeting after consideration of the firm’s responses to MFCs, FFCs, and deficiencies or significant deficiencies in the report
- b. The appropriateness of the firm’s response
- c. The firm’s representation letter
- d. Potential implications of the RAB acceptance process and their impact to the acceptance and completion of the peer review, and the reviewed firm’s enrollment in the program, including, but not limited to,
 - i. corrective actions for deficiencies or significant deficiencies and implementation plans for findings, if applicable;
 - ii. recommended report rating changes;

- iii. oversight
- e. Peer review noncooperation implications of consecutive non-pass report ratings, if applicable

Written Representations (Ref: par. .16–.17)

.A22 The reviewed firm is not prohibited from making additional representations and may tailor the representation letter as it deems appropriate, as long as the minimum applicable representations are made to the team captain.

.A23 An illustrative example of a firm’s written representation letter is provided in exhibit A, “Illustrative Representation Letter.”

Subsequent Events (Ref: par. .18)

.A24 Before requesting a due date extension, the firm would need to consider the effect of the extension on any state boards of accountancy requirements or other regulatory peer review requirements.

.A25 If the circumstances described in paragraph .18 represent a long-term change in the nature of the firm’s business, the firm may consult with its AE and consider requesting a change in peer review year-end.

Exhibit A — Illustrative Representation Letter

.A26 The following illustrative letter includes written representations that are required by [paragraphs .16 and .17](#) of this PR-C section. The firm may tailor the language in this illustration and refer to attachments to the letter as long as adequate representations pertaining to the matters previously discussed, as applicable, are included to the satisfaction of the team captain.

[*Entity Letterhead*]

[*Date*]

To [*Name of Team Captain*]:

We are providing this letter in connection with the peer review of the system of quality control for the accounting and auditing practice of [*name of firm*] [*applicable to engagements not subject to PCAOB permanent inspection (if applicable)*] as of the date of this letter and for the year ended June 30, 20XX.

Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting and auditing practice that provides us with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

We understand that we are responsible for complying with the rules and regulations of state boards of accountancy and other regulators. We have [*no knowledge of*][*disclosed to you all known*] situations in which [*name of firm*] or its personnel have not complied with the rules and regulations of state board(s) of accountancy or other regulatory bodies, including applicable firm and individual licensing requirements in each state in which it practices for the year under review.

We have provided a list of all engagements to the team captain with periods ending (or the report dates for financial forecasts or projections and agreed-upon procedures engagements) during the year under review, regardless of whether issued as of the date of this letter. This list appropriately identified and included, but was not limited to, all engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act, audits of employee benefit plans, audits performed under FDICIA, and examinations of service organizations (SOC 1 and SOC 2 engagements), as applicable. We understand that failure to properly include engagements subject to the scope of the peer review could be deemed as failure to cooperate. We also understand this may result in termination from the Peer Review Program and, if termination occurs, may result in an investigation of a possible violation by the appropriate regulatory, monitoring, and enforcement body.

We have completed the following must-select engagements and issued their respective reports. To the best of our knowledge and belief, the peer review team has selected and reviewed at least one of each category:

1. Engagements performed under *Government Auditing Standards*
2. Compliance audits under the Single Audit Act
3. Audits of employee benefit plans
4. Audits performed under FDICIA
5. Examinations of service organizations (SOC 1 and SOC 2 engagements)]

[*We confirm that it is our responsibility to remediate nonconforming engagements as stated by the firm in the [Matter for Further Consideration, Finding for Further Consideration, or Letter of Response (as applicable)]].*

We have discussed significant issues from reports and communications from regulatory, monitoring and enforcement bodies with the team captain, if applicable. We have also provided the team captain with any other information requested, including communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to allegations or investigations of deficiencies in the conduct of an accounting, audit, or attestation engagement performed and reported on by the firm, whether the matter relates to the firm or its personnel, within three years preceding the current peer review year-end. We confirm, to the best of our knowledge and belief, that there are no known restrictions or limitations on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end.

We understand the intended uses and limitations of the quality control materials we have developed or adopted. We have tailored and augmented the materials as appropriate such that the quality control materials encompass guidance that is sufficient to assist us in conforming with professional standards (including the Statements on Quality Control Standards) applicable to our accounting and auditing practice in all material respects.

Sincerely,

[*Name of Reviewed Firm Representative(s)*]^{fn 1}

^{fn 1} Firm representatives are members of management, as described in paragraph .101 in section 300, *General Principles and Responsibilities for Reviewed Firms*.

Exhibit B — Illustrative Examples of a Firm’s Letter of Response

.A27 This exhibit contains various illustrations of a firm’s letter of response to a peer review report rating of *pass with deficiencies* or *fail* (system reviews).

Illustration 1 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies

Illustration 2 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies With a Scope Limitation

Illustration 3 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail

Illustration 4 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail With a Scope Limitation

Illustration 1 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies

[Reviewed firm’s letterhead]

[Date of the report]

[Addressed to the peer review committee of the administering entity]^{fn 1}

Ladies and Gentlemen:

This letter represents our^{fn 2} response to the report issued in connection with the peer review of the firm’s system of quality control for the accounting and auditing practice in effect for the year ended [peer review year-end date]. The remedial actions discussed in this letter will be monitored to ensure that they are effectively implemented as part of our system of quality control.

- 1.^{fn 3} The firm modified its quality control policies and procedures to include monitoring of firm personnel’s compliance with regulatory and organization membership requirements. The importance of meeting these CPE requirements was discussed in a recent training session held in connection with a recent firm-wide staff meeting. Additionally, the training session included sufficient Yellow Book CPE such that all firm personnel have met the regulatory requirements. The impact to the Yellow Book audits of failure to take sufficient CPE timely is currently being discussed with the Government Accountability Office (GAO) and the firm will remediate as necessary based on that discussion.
2. In addition, at that training session, the importance of proper use of the firm’s checklists appropriate to the industry of the engagement being performed was discussed. We discussed the proper resolution of points or topics unfamiliar to the individual completing the checklist or those reviewing its completion. The firm’s CPE plan for partners and managers now includes annual updates on industry-specific issues. The omitted procedures have been performed.

These remedial actions will also be emphasized in our monitoring procedures and internal inspection.

^{fn 1} The response of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the National Peer Review Committee.”

^{fn 2} The response should use the singular *I*, *me*, and *my* only when the reviewed firm is a sole practitioner.

^{fn 3} The numbering of responses, to coincide with the numbered comments in the report, is optional.

We believe these actions are responsive to the ~~findings~~ deficiencies noted on of the review.

Sincerely,

[*Name(s) of reviewed firm representative(s)*]^{fn 4}

^{fn 4} These are members of management as described in paragraph .2527 of section 200, *General Principles and Responsibilities for Reviewers*.

Illustration 2 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass With Deficiencies With a Scope Limitation

[Reviewed firm’s letterhead]

[Date of the report]

[Addressed to the peer review committee of the administering entity]^{fn 1}

Ladies and Gentlemen:

This letter represents our^{fn 2} response to the report issued in connection with the peer review of the firm’s system of quality control for the accounting and auditing practice in effect for the year ended [peer review year-end date].

- 1.^{fn 3} Due to circumstances that we deemed appropriate, we notified the peer reviewer that he would be unable to select our only audit subject to *Government Auditing Standards* in the peer review. This was an initial engagement and an engagement performed under *Government Auditing Standards*, so there were no previous audits for the reviewer to select. We have considered the consequences of noncompliance related to this matter. We understand that, until our firm’s most recently completed peer review includes selection of an engagement performed under *Government Auditing Standards*, our audit reports for such engagements will need to include an exception regarding our lack of compliance with peer review requirements.

We believe these actions are responsive to the deficiencies noted on the review.

Sincerely,

^{fn 1} The response of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the National Peer Review Committee.”

^{fn 2} The response should use the singular *I*, *me*, and *my* only when the reviewed firm is a sole practitioner.

^{fn 3} The numbering of responses, to coincide with the numbered comments in the report, is optional.

[*Name(s) of reviewed firm representative(s)*]^{fn 4}

^{fn 4} These are members of management as described in paragraph [.2527](#) of section 200.

Illustration 3 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail

[Reviewed firm’s letterhead]

[Date of the report]

[Addressed to the peer review committee of the administering entity]^{fn 1}

Ladies and Gentlemen:

This letter represents our^{fn 2} response to the report issued in connection with the peer review of the firm’s system of quality control for the accounting and auditing practice in effect for the year ended [peer review year-end date]. The firm is committed to providing clear, consistent, and frequent actions and messages from all levels of the firm’s management to emphasize the firm’s commitment to quality. The remedial actions discussed in this letter will be monitored to ensure that they are effectively implemented as part of our system of quality control.

- 1.^{fn 3} The firm modified its quality control policies and procedures to require the following:
 - a. Use of practice aids to document procedures performed to assess competency for undertaking new engagements. The practice aid is designed to ensure that the firm (1) is competent to perform the engagement and has the capabilities, including time and resources, to do so; (2) can comply with legal and relevant ethical requirements; and (3) has considered the integrity of the client.
 - b. Inclusion of a CPE plan for obtaining relevant training to prepare for engagements in new industries or service areas in the client acceptance file.
2. The firm has recalled the audit report for the employee benefit plan audit and has hired a third party to perform a pre-issuance review prior to reissuing our report.
- ~~3.~~ We have joined the AICPA Governmental Audit Quality Center and Employee Benefit Plan Audit Quality Center. The firm modified its quality control policies

^{fn 1} The response of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: To the National Peer Review Committee.

^{fn 2} The response should use the singular *I*, *me*, and *my* only when the reviewed firm is a sole practitioner.

^{fn 3} The numbering of responses, to coincide with the numbered comments in the report, is optional.

and procedures to require personnel that perform engagements in these specialized areas to attend at least eight hours of CPE annually in the specialized area. We are committed to promptly completing our evaluation of the audit engagements, including whether audited financial statements should be recalled and reissued to include the omitted disclosures. The omitted procedures will be performed and documentation will be added in a memo to the engagement files of the audit performed under *Government Auditing Standards* and the audits in other industries identified as not in conformity with professional standards.

43. The firm's system of quality control was modified to include monitoring procedures to provide it with reasonable assurance that the firm's policies and procedures relating to the system of quality control are relevant, adequate, and operating effectively. Specifically, the firm will monitor compliance with all functional areas of the system and will perform annual inspections on a sample of engagements. We intend to hire a Quality Control Director who will be responsible for developing and implementing our monitoring and inspection procedures.

The results of our peer review will be discussed in a firm-wide meeting to be held on [date of meeting], and an emphasis on quality will be reinforced with all engagement partners and their teams.

We believe these actions are responsive to the deficiencies noted on the review.

Sincerely,

[Name(s) of reviewed firm representative(s)]^{fn 4}

^{fn 4} These are members of management as described in paragraph .2527 of section 200.

Illustration 4 — A Firm’s Letter of Response to a Report on the Firm’s System of Quality Control With a Peer Review Rating of Fail With a Scope Limitation

[Reviewed firm’s letterhead]

[Date of the report]

[Addressed to the peer review committee of the administering entity]^{fn 1}

Ladies and Gentlemen:

This letter represents our^{fn 2} response to the report issued in connection with the peer review of the firm’s system of quality control for the accounting and auditing practice in effect for the year ended [peer review year-end date].

We notified our peer reviewer that he would be unable to review the engagements performed by one of our firm’s four offices that divested from our firm during the peer review year. We have considered the consequences of this scope limitation on the results of our peer review.

- 1.^{fn 3} The firm’s monitoring procedures were modified to provide it with reasonable assurance that the firm’s policies and procedures are relevant, adequate, and operating effectively. Specifically, the firm will monitor compliance with relevant ethical considerations and perform annual testing of a sample of personnel independence confirmations. We have contacted our attorney, clients, and applicable regulatory bodies to discuss the impact of the independence violations and will remediate the engagements as required by professional standards.
2. The firm has contacted two other accounting firms with expertise in Employee Retirement Income Security Act (ERISA) audits. We have implemented a plan for consultation with these firms for guidance in situations with which we are unfamiliar. We have also joined the AICPA Employee Benefit Plan Audit Quality Center. The omitted procedures will be performed and documentation will be added in a memo to the engagement file. We will engage one of the accounting firms to review the engagement working papers prior to finalizing the memo and to perform engagement quality control reviews of future employee benefit plan audits.

^{fn 1} The response of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the National Peer Review Committee.”

^{fn 2} The response should use the singular *I*, *me*, and *my* only when the reviewed firm is a sole practitioner.

^{fn 3} The numbering of responses, to coincide with the numbered comments in the report, is optional.

3. We have purchased practice aids that are specific to the industries of our clients and have instructed staff and partners on their use. At our next staff meeting on *[date of meeting]*, we will emphasize the importance of proper use of the firm's practice aids. We will also discuss the proper resolution of points or topics unfamiliar to the individual completing the checklist or those reviewing its completion. The firm's CPE plan for partners and managers now includes annual updates on the firm's expectations for performing and documenting audit planning considerations.

The firm is committed to strengthening its monitoring policies and procedures. We have acquired quality control materials to guide the firm, and supervision of the monitoring process has been assigned to a partner. Additionally, outside assistance (as previously mentioned) has been sought, and these individuals will be available for consultation and guidance.

We believe these actions are responsive to the deficiencies noted on the review.

Sincerely,

[Name(s) of reviewed firm representative(s)]^{fn 4}

^{fn 4} These are members of management as described in paragraph .2527 of section 200.

PR-C Section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*

Introduction

Scope of This Section

.01 This section contains requirements and application material for firms engaged to have an engagement review. The requirements and guidance in this section supplement the requirements and application guidance in section 100, *Concepts Common to All Peer Reviews*, and section 300, *General Principles and Responsibilities for Reviewed Firms*.

.02 Firms that perform only engagements under the Statements on Standards for Accounting and Review Services (SSARSs) or engagements under the Statements on Standards for Attestation Engagements (SSAEs) other than examinations are eligible to have engagement reviews. (Ref: par. .A1)

Effective Date

.03 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.04 The objective of the reviewed firm is to enhance its effectiveness and contribute to the quality of our profession by undergoing an engagement review performed in accordance with the Standards for Performing and Reporting on Peer Reviews (the standards) established by the Peer Review Board (the board) of the American Institute of Certified Public Accountants. (Ref: par. .A2)

Definitions

.05 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Planning

.06 The firm should make the following information available to the review captain:

- a. The number of engagements performed by level of service and industry for each engagement partner
- b. Responses to inquiries about the areas to be addressed in the written representations
- c. The firm's prior
 - i. peer review report,

- ii. letter of response (if applicable),
- iii. letter of acceptance,
- iv. findings for further consideration (FFCs) (if applicable), and
- v. representation letter

Engagement Selection

.07 The firm should submit the engagements that meet the criteria of the review captain's selections. (Ref: par. .08 and .A3–.A7)

.08 For each engagement selected for review, the reviewed firm should submit the following (masking client identity if it desires):

- a. The appropriate financial statements or information
- b. The accountant's report, if applicable
- c. The engagement profile
- d. The firm's documentation required by applicable professional standards for each engagement

Scope Limitations

.09 The firm should notify the review captain and the administering entity (AE), prior to the commencement of the review, if it intends to exclude an engagement. This notification should indicate

- a. its plans to exclude one or more engagements from the peer review selection process,
- b. the reasons for the exclusion, and
- c. that it is requesting a waiver for the exclusion.

Evaluation of Engagements

.10 The firm should promptly respond to review captain questions during the review. (Ref: par. .A8)

Responding to Matters, Findings, and Deficiencies

.11 The firm should discuss matters, findings, and deficiencies with the review captain. Ordinarily, this discussion occurs during the closing meeting. If the firm disagrees with one or more of the findings or deficiencies, and the firm and reviewer can't come to a resolution, the

firm should contact the AE for assistance and follow the guidance in section 100 to resolve the disagreement. (Ref: par. .A9)

.12 The firm should identify the appropriate remediation of findings and deficiencies. (Ref: par. .A10)

.13 The firm should respond to

- a. matters via the matter for further consideration (MFC) form,
- b. findings via the FFC form, and
- c. deficiencies via a letter of response.

.14 The firm's responses on the FFCs and letter of response should (Ref: par. .A11–.A14)

- a. include the firm's actions taken or planned to remediate the findings or deficiencies, including
 - i. timing of the remediation and
 - ii. additional procedures to ensure the finding or deficiency is not repeated in the future.
- b. be feasible, genuine, and comprehensive.
- c. be addressed to the AE's peer review committee (committee) in a letter of response, if applicable.
- d. be dated as of the exit conference in a letter of response, if applicable.
- e. be on firm letterhead in a letter of response, if applicable.

The review captain should review documentation of any action taken by the firm and consider whether the action is appropriate.

.15 The firm's draft responses should be provided to the review captain as soon as possible after the closing meeting to allow the review captain enough time to assess the firm's response prior to the exit conference. (Ref: par. .A15)

Written Representations

.16 The firm should provide to the review captain written representations on firm letterhead for the peer review year, dated as of the date of the peer review report, that state the following: (Ref: par. .A16–.A18)

- a. Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting practice that provides us with reasonable

- assurance of performing and reporting in conformity with applicable professional standards in all material respects.
- b. Management acknowledges its responsibility for complying with the rules and regulations of state boards of accountancy and other regulations.
 - c. Management has disclosed to the review captain all known instances of noncompliance or suspected noncompliance with the rules and regulations of state boards of accountancy or other regulatory bodies, including applicable firm and individual licensing requirements in each state in which the firm practices for the year under review. If there are known instances of noncompliance, management should summarize the instances and, if applicable, describe its remediation of the noncompliance.
 - d. Management has discussed significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the team captain, if applicable.
 - e. Management has fulfilled its responsibility to remediate nonconforming engagements as stated by the firm on the relevant form, if applicable.
 - f. Management understands the intended uses and limitations of the quality control materials it has developed or adopted. Management has tailored and augmented the materials as appropriate such that the quality control materials encompass guidance that is sufficient to assist it in conforming with professional standards (including the Statements on Quality Control Standards) applicable to its accounting and auditing practice.
 - g. Management has responded fully and truthfully to the review captain's inquiries.
 - h. Management has provided the review captain with all relevant information including all engagements with periods ending during (or, for financial forecasts or projections and agreed-upon procedures engagements, report dates in) the year under review.
 - i. Management has disclosed to the review captain that the firm did not perform any engagements under the Statements on Auditing Standards (SASs) or *Government Auditing Standards*, examinations under the SSAEs, or engagements under the Public Company Accounting Oversight Board (PCAOB) standards that are not subject to PCAOB permanent inspection.
 - j. Management acknowledges that failure to properly include these engagements on the list could be deemed as failure to cooperate and may result in termination from the Peer Review Program and, if termination occurs, may result in an investigation of a possible violation by the appropriate regulatory, monitoring, or enforcement body.
 - k. Management has provided to the review captain communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to

allegations or investigations of deficiencies in the conduct of an accounting or attestation engagement performed and reported on by the firm, whether the matter relates to the firm or its personnel, within three years preceding the current peer review year-end.

- l.* Management has disclosed that there are no known limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end, or management has included a summary of the limitations or restrictions on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end.

.17 If, in addition to the representations required by paragraph .16, the review captain determines that it is necessary to obtain other representations based on the circumstances and nature of the peer review, the review captain should request such other written representations.

Subsequent Events

.18 If, after the year-end of its engagement review, a firm performs an engagement requiring a system review, the reviewed firm should

- a.* immediately notify the AE and
- b.* undergo a system review.

The system review is due the earlier of 18 months from the year-end of the engagement (or, for financial forecasts and projections, 18 months from the date of the report) requiring a system review or by the firm's next scheduled due date.

.19 If the firm fails to immediately notify the AE of the performance of an engagement described in paragraph .18, the firm should participate in a system review with a peer review year-end that covers that engagement.

Application and Other Explanatory Material

Scope of This Section (Ref: par. .01–.02)

.A1 Firms eligible to have an engagement review may elect to have a system review. See section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*, for the firm requirements of a system review.

Objective (Ref: par. .04)

.A2 The reviewed firm may benefit from knowing the review captain's objectives when performing an engagement review, which are to

- a. evaluate whether the engagements submitted for review are performed and reported on in conformity with applicable professional standards in all material respects and
- b. report on the evaluation of selected engagements.

Engagement Selection (Ref: par. .07)

.A3 The review captain will make selections based on the following criteria:

- a. One engagement from each of the following levels of service performed by the firm:
 - i. Review of financial statements (performed under SSARs)
 - ii. Compilation of financial statements with disclosures (performed under SSARs)
 - iii. Compilation of financial statements that omits substantially all disclosures (performed under SSARs)
 - iv. Engagements performed under the SSAEs other than examinations
- b. One engagement from each engagement partner responsible for the issuance of reports listed in item (a)
- c. At least two engagements, unless only one is performed

.A4 The review captain will select a preparation engagement only in one of the following instances:

- a. It is the only level of service performed by an engagement partner.
- b. It is the only engagement performed with disclosures.
- c. It is the only engagement performed without disclosures.
- d. To meet the minimum requirement of two engagements selected for review.

.A5 The objective of the engagement selection requirements is to select one engagement for each engagement partner and one engagement from each level of service listed in paragraph .A3a for the firm. Review captains will not select more engagements than necessary to meet this objective.

.A6 Engagement selection may also include consideration of industries.

.A7 As an example, a firm may have indicated that engagement partner A issues review reports on 4 construction contractors, 2 retailers, and 10 manufacturers, but engagement partner B issues

compilation reports on 30 medical practices and review reports on 5 restaurants. The firm may be asked to submit one of engagement partner A's review reports on a construction contractor and one of engagement partner B's compilation reports on a medical practice. The firm will choose the engagements based on those selections.

Evaluation of Engagements (Ref: par. .10)

.A8 The review captain's evaluation of each engagement submitted for review will include the following:

- a. Consideration of the financial statements or information and the related accountant's report on the engagements performed under the SSARs and SSAEs
- b. Review of all other documentation required by applicable professional standards on the engagements
- c. Consideration of the information related to the engagement obtained through the peer review including, but not limited to, engagement profile information and other inquiries

Responding to Matters, Findings, and Deficiencies (Ref: par. .11–.13)

.A9 The closing meeting is designed to provide sufficient time for the firm to determine the appropriate responses to peer review results and for the reviewer to evaluate the firm's responses. The following are discussed during the closing meeting:

- a. Preliminary peer review results, including any matters, findings, or deficiencies, and the ~~type of report~~ expected ~~report rating to be issued~~, if determinable at this point
- b. The firm's requirement to respond to any MFCs, FFCs, or deficiencies included in the peer review report
- c. The firm's required written representations
- d. Other suggestions and observations for the firm to consider

.A10 Although it is ultimately the firm's responsibility, the review captain and firm may collaborate to determine the remediation. ~~As required by paragraph .19 of section 220, r~~ Review captains or AEs should not require firms to perform omitted procedures, reissue accounting reports, or have previously issued financial statements revised and reissued because those are decisions for the firm and its client to make.

.A11 The purpose of the firm's response on the FFC or in the letter of response is for a firm to document the specific actions that will be taken to correct findings and deficiencies noted by the review captain.

.A12 The ~~AE's peer review~~ committee ~~(the committee) or report acceptance body (RAB)~~ may require the firm to make and document appropriate considerations regarding nonconforming engagements as a condition of acceptance of the peer review. The firm's response may affect

other monitoring actions the committee may impose, including actions to verify that the firm adheres to the intentions indicated in its response.

.A13 Examples of actions a firm may take in response to nonconforming engagements include, but are not limited to, the following:

- a. Omitted procedures performed (including documentation)
- b. Reissued report and financial statements
- c. Notification to users to discontinue use of previously issued reports

.A14 Illustrative letters of response are presented in exhibit B, “Illustrative Examples of a Firm’s Letter of Response.”

.A15 After the firm has responded to the MFCs, FFCs, and deficiencies in the report and the review captain has assessed whether the responses are appropriate and has considered any additional impact to the peer review results, the review captain should communicate the results to the firm at an exit conference. The following are discussed during the exit conference:

- a. Final peer review results, including any changes to the information communicated at the closing meeting after consideration of the firm’s responses to MFCs, FFCs, and deficiencies in the report
- b. The appropriateness of the firm’s response
- c. The firm’s representation letter
- d. Potential implications of the RAB acceptance process and their impact on the acceptance and completion of the peer review and on the reviewed firm’s enrollment in the program, including
 - i. corrective actions for deficiencies and implementation plans for findings, if applicable;
 - ii. recommended report rating changes; and
 - iii. oversight
- e. Peer review noncooperation implications of consecutive non-pass report ratings, if applicable

Written Representations

.A16 The reviewed firm is not prohibited from making additional representations and may tailor the representation letter as it deems appropriate, as long as the minimum applicable representations are made to the review captain. For example, the list of engagements in paragraph .16i is a minimum required representation, and therefore, these engagement types should not be removed if the firm does not perform any such engagements.

.A17 An illustrative example of a firm’s written representation letter is provided in exhibit A, “Illustrative Representation Letter.”

.A18 On committee-appointed review team reviews, the representation letter may be addressed “To the Review Captain.”

Exhibit A — Illustrative Representation Letter

.A19 The following illustrative letter includes written representations that are required by [paragraphs .16 and .17](#) of this PR-C section. The firm may tailor the language in this illustration and refer to attachments to the letter as long as adequate representations pertaining to the matters previously discussed, as applicable, are included to the satisfaction of the review captain.

[*Entity Letterhead*]

[*Date of the Report*]

To [*Name of Review Captain*]:

We are providing this letter in connection with the peer review of [*name of firm*] as of the date of this letter and for the year ended June 30, 20XX.

Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting practice that provides us with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.

We understand that we are responsible for complying with the rules and regulations of state boards of accountancy and other regulators. We have [*no knowledge of*][*disclosed to you all known*] situations in which [*name of firm*] or its personnel have not complied with the rules and regulations of state board(s) of accountancy or other regulatory bodies, including applicable firm and individual licensing requirements through the issuance dates of the reviewed engagements in each state in which it practices for the year under review.

We have provided to the review captain a list of all engagements with periods ending during (or, for financial forecasts or projections and agreed-upon procedures engagements, report dates in) the year under review, regardless of whether issued. This list included, but was not limited to, all engagements performed under *Government Auditing Standards*, audits of employee benefit plans, audits performed under FDICIA, and examinations of service organizations (SOC 1[®] and SOC 2[®] engagements), as applicable. The firm does not perform engagements under the Statements on Auditing Standards (SASs) or *Government Auditing Standards*, examinations under the Statements on Standards for Attestation Engagements (SSAEs), or engagements under Public Company Accounting Oversight Board (PCAOB) standards that are not subject to permanent inspection by the PCAOB. We understand that failure to properly include these engagements on the list could be deemed as failure to cooperate. We also understand this may result in termination from the Peer Review Program and, if termination occurs, may result in an investigation of a possible violation by the appropriate regulatory, monitoring, and enforcement body.

[*We confirm that it is our responsibility to remediate nonconforming engagements as stated by the firm in the Letter of Response (if applicable).*]

We have discussed significant issues from reports and communications from regulatory, monitoring, and enforcement bodies with the review captain, if applicable. We have also provided the review captain with any other information requested, including communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to allegations or investigations of deficiencies in the conduct of an accounting, audit, or attestation engagement performed and reported on by the firm, whether the matter relates to the firm or its personnel, within three years preceding the current peer review year-end. We confirm that, to the best of our knowledge and belief, there are no known restrictions or limitations on the firm's or its personnel's ability to practice public accounting by regulatory, monitoring, or enforcement bodies within three years preceding the current peer review year-end.

We understand the intended uses and limitations of the quality control materials we have developed or adopted. We have tailored and augmented the materials as appropriate such that the quality control materials encompass guidance that is sufficient to assist us in conforming with professional standards (including the Statements on Quality Control Standards) applicable to our accounting practice in all material respects.

Sincerely,

[Name of Reviewed Firm Representative(s)]^{fn 1}

^{fn 1} Firm representatives are members of management as described in paragraph .104 of section 300, *General Principles and Responsibilities for Reviewed Firms*.

Exhibit B — Illustrative Example of a Firm’s Letter of Response

A20 This exhibit contains an illustration of a firm’s letter of response to a peer review report rating of *pass with deficiencies* or *fail* (engagement reviews).

Illustration — A Firm’s Letter of Response to a Report on the Firm’s Conformity With Professional Standards on Engagements Reviewed With a Peer Review Rating of Pass with Deficiencies or Fail

[Reviewed firm’s letterhead]

[Date of the report]

[Addressed to the peer review committee of the administering entity]^{fn 1}

Ladies and Gentlemen:

This letter represents our^{fn 2} response to the report on the engagement review of our firm’s accounting practice for engagements submitted for review with periods ending during the year ended *[peer review year-end date]*.

- ^{fn 3} We have recalled and reissued the review report. The entire staff has participated in continuing professional education related to reporting and disclosures, with a particular focus on areas specific to the industries that we are engaged in. We will be performing a pre-issuance review by a partner not associated with the engagement to make sure that the accountant’s report is appropriately modified when the financial statements depart from applicable professional standards.
- We subsequently obtained a management representation letter and documented the matters covered in our inquiry and analytical procedures. Management representation letters will be obtained for all future review engagements issued by the firm. The firm has required that a manager review each engagement to ensure that the management representation letter is obtained and that all the required documentation, including the matters covered in the accountant’s inquiry and analytical procedures, is included in the working papers.

^{fn 1} The response of a firm whose review is administered by the National Peer Review Committee should be addressed as follows: “To the National Peer Review Committee.”

^{fn 2} The response should use the singular *I*, *me*, and *my* only when the reviewed firm is a sole practitioner.

^{fn 3} The numbering of responses, to coincide with the numbered comments in the report, is optional.

We believe these actions are responsive to address the deficiencies matters noted by on the reviewer.

Sincerely,

[*Name(s) of reviewed firm representative(s)*] ^{fn 4}

^{fn 4} These are members of management as described in paragraph .2527 of section 200, *General Principles and Responsibilities for Reviewers*.

PR-C Section 400, *General Principles and Administration Responsibilities*

Introduction

Scope of This Section

.01 This section contains performance requirements and application material for administration of the AICPA Peer Review Program (the program). The requirements and guidance in this section supplement the requirements and guidance in the following PR-C sections:

- a. Section 100, *Concepts Common to All Peer Reviews*
- b. Section 410, *The Report Acceptance Process*
- c. Section 420, *Corrective Actions and Implementation Plans*
- d. Section 430, *Reviewer Monitoring and Performance*

.02 In addition to the sections described by paragraph .01, individuals involved in the administration of the program should be familiar with reviewer and firm requirements in the following PR-C sections: (Ref: par. .A1)

- a. Section 210, *General Principles and Responsibilities for Reviewers — System Reviews*
- b. Section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*
- c. Section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*
- d. Section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*

Effective Date

.03 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.04 The objective of the administering entity (AE) is to carry out the program in accordance with the AICPA Standards for Performing and Reporting on Peer Review (the standards). The peer review committee (committee) assists the AE in its objectives by overseeing the administration, acceptance, and completion of peer reviews.

Definitions

.05 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Obligations of an Administering Entity

.06 In electing to administer the program, an AE agrees to do the following:

- a. Comply with the standards.
- b. Cooperate with the board in all matters related to the administration of the program. (Ref: par. .A2)
- c. Engage an experienced CPA on staff to lead and manage the program. (Ref: par. .A3)
- d. Appoint a peer review committee of at least six members to oversee the administration of the program. (Ref: par. .A4–.A5)
- e. Comply with AICPA system security guidelines.
- f. Establish a backup plan for key individuals involved in the administration of the program.
- g. Establish familiarity threat policies and procedures that identify, evaluate the significance of, and apply safeguards to mitigate those threats. (Ref: par. .A6)
- h. Annually submit a comprehensive and written oversight program that meets minimum requirements established by the board and ensures the program is performed in accordance with the standards. (Ref: par. .A7)
- i. Establish policies and procedures to address disagreements that arise between parties to a peer review. (See appendix B, “Disagreements.”)
- j. Establish procedures to ensure consistent application of the standards.
- k. Monitor reviewer performance. (See section 430.)
- l. Perform procedures to verify that reviewer resumes accurately reflect the reviewer qualifications.
- m. Monitor firms enrolled in the program within its jurisdiction.
- n. Evaluate the qualifications and competencies of technical reviewers at least annually.
- o. Ensure reviews are presented for evaluation to a report acceptance body (RAB) or accepted by the technical reviewer in a timely manner as follows: (Ref: par. .A8)
 - i. Reviews required to be presented to a RAB are presented within 120 days of the receipt of the working papers from the captain.
 - ii. Engagement reviews meeting the criteria to be accepted by a technical reviewer are accepted by the technical reviewer or presented to a RAB within 60 days of the receipt of the working papers from the captain.
 - iii. Meeting materials are provided to RAB members at least seven days in advance of the date of the RAB meeting.

Document Retention

.07 The AE should retain peer review documentation at least 120 days, but no more than 150 days, after the peer review completion date, except for the following, as applicable: (Ref: par. .A9–.A10)

- a. Peer review report
- b. Letter of response
- c. Firm representation letter
- d. FFCs
- e. Letter notifying the firm that its peer review has been accepted

- f. Letters requesting the firm's completion of implementation plans and corrective actions
- g. Letters requesting the firm's completion of additional implementation plans and corrective actions
- h. Letters notifying the firm that implementation plans have been completed
- i. Supporting documents evidencing completion of corrective actions and implementation plans, including documentation regarding the decision to waive, replace, or extend the due date
- j. Committee-appointed review team (CART) engagement letter
- k. Letters relating to peer review document recall considerations (See appendix C, "Considerations for the Recall of Peer Review Documents.")

If a firm is enrolled in the program but has not undergone a peer review in the last 3 years and 6 months since the year-end date of its last peer review, all other peer review documents should be retained at least 42 months, but no more than 43 months, after the peer review completion date.

Publicizing Peer Review Information

.08 Except as authorized by the reviewed firm, individuals involved in the administration of the program should disclose only the following information regarding a reviewed firm: (Ref: par. .A1 and .A11–.A13)

- a. The firm's name and address
- b. Whether the firm is enrolled in the program
- c. The date of acceptance and the period covered by the firm's most recently accepted peer review
- d. The most recent date the firm's enrollment in the program has been dropped or terminated, if applicable

.09 Individuals involved in the administration of the program should not provide subjective information about a firm's peer review, even with firm authorization. (Ref: par. .A14)

Ethical Requirements Relating to a Peer Review

.10 Individuals involved in the administration of the program should do the following:

- a. Maintain objectivity in discharging their responsibilities.
- b. Be free of bias, conflicts of interest, or undue influence of others that overrides professional judgment.
- c. Annually sign a confidentiality and conflict-of-interest agreement. (Ref: par. .A15)
- d. Not commence nor plan to commence any enforcement-related work, if applicable, as an employee, consultant, volunteer (or other similar arrangement) of the AICPA or state CPA society ethics committee, the AICPA Joint Trial Board, or a state board of accountancy (or other regulatory agencies, governmental bodies, or similar groups or subgroups). (Ref: par. .A16)

.11 Individuals associated with the AE that lack independence or have a conflict of interest with a reviewing firm, reviewer, or reviewed firm should recuse themselves from any discussion regarding the reviewed firm's peer review. Circumstances that would cause an individual to experience a conflict of interest include, but are not limited to, the following:

- a. The individual's firm performed the most recent or immediately preceding peer review of the affected firm.
- b. The individual served on the review team that performed the most recent or immediately preceding peer review of the affected firm.
- c. The individual served on a disagreement panel involving the firm's current review.
- d. The individual believes that the individual could not be impartial or objective.
- e. The individual's independence is impaired as a result of situations such as those described in paragraph .16 of section 200, *General Principles and Responsibilities for Reviewers*.

.12 Individuals associated with the AE who perform oversight on a peer review may participate in discussions related to the firm subject to oversight but should not vote on any motions related to the firm or firm's review.

.13 Individuals associated with the AE who are reviewers are also required to comply with the reviewer qualification requirements in section 200.

.14 Individuals associated with the AE should notify the relevant AE of any allegations against or investigations into them. Notification should occur prior to participating in the peer review process (such as performing technical reviews or participating in any committee or RAB meetings). The AE should monitor and consider the role that the individuals fill in the peer review process when determining the proper actions to take. (Ref: par. .A17)

CPA on Staff

Qualifications

.15 The CPA on staff should

- a. be licensed to practice as a CPA.
- b. be knowledgeable about the standards, administrative requirements, and processes.
- c. possess relevant audit experience and current knowledge of professional standards applicable to the reviews being administered.
- d. understand the significance of technical issues and the impact on reviews.
- e. obtain at least 48 hours of CPE every 3 years in subjects relating to accounting, auditing, and quality control with a minimum of 8 hours in any 1 year.
- f. complete CPA-on-staff training that meets the requirements established by the board.
- g. be proficient with technology to effectively manage the program.
- h. agree to confidentiality and conflict-of-interest requirements of the program.

.16 The CPA on staff should not

- a. be a member of the committee or a RAB.
- b. perform peer reviews within the AE's jurisdiction.
- c. be a full-time technical reviewer for the AE at which the CPA is employed. (Ref: par. .A18)

Peer Review Committee

Composition and Qualifications

.17 A majority of the committee members and the chairperson charged with the overall responsibility for administering the program should possess the qualifications required of a team captain in a system review, as addressed in paragraphs .05–.15 of section 200 and paragraph .32 of section 210. (Ref: par. .A19 and .A20)

.18 Committee members should be members of the AICPA in good standing.

.19 A committee member does not meet the required qualifications of a committee member if the member's ability to practice public accounting or perform peer reviews has been restricted by a regulatory, monitoring, or enforcement body beginning on the date the member is notified of the restriction and ending on the date that the restriction has been removed. (Ref: par. .A21)

Responsibilities

.20 The committee should do the following: (Ref: par. .A4 and .A22)

- a. Carry out its activities in accordance with administrative procedures and guidance issued by the board.
- b. Oversee the administration, acceptance, and completion of peer reviews it has agreed to administer.
- c. Evaluate the adequacy of the policies and procedures required to be established by the AE per items (f)–(i) of paragraph .06.
- d. Monitor the performance of reviewers within its jurisdiction and, when appropriate, prescribe effective corrective actions or recommend to the board that a reviewer be prohibited from performing peer reviews in the future.
- e. Monitor firms that are not cooperating or not complying with the requirements of the program. (See appendix A, "Failure to Cooperate or Comply With the Requirements of the Program Referral Responsibilities.")

Report Acceptance Body

Qualifications

.21 A RAB member should

- a. be a member of the AICPA in good standing, licensed to practice as a CPA.

- b. be presently involved in public practice as a partner, manager, or person with equivalent responsibilities in the accounting or auditing practice or carrying out a quality control function in the member's firm. (Ref: par. .A23)
- c. have spent the last five years in the practice of public accounting in the accounting or auditing function.
- d. be employed by or be an owner of a firm that has received a report with a peer review rating of *pass* or *pass with scope limitations* for its most recent peer review. The report should have been accepted timely. (Ref: par. .A24)
- e. complete RAB member training that meets the requirements established by the board.
- f. agree to confidentiality and conflict-of-interest requirements of the program.

.22 A RAB member does not meet the required qualifications if the member's ability to practice public accounting or perform peer reviews has been restricted by a regulatory, monitoring, or enforcement body. The period that the member is not qualified begins on the date the member is notified of the restriction and ends on the date that the restriction has been removed. (Ref: par. .A25)

Report Acceptance Body Composition

.23 A minimum of three RAB members who are independent and free from any conflicts of interest should evaluate each peer review that requires RAB consideration. To accept any motions related to a peer review, a majority of the RAB members, ~~but no fewer than three,~~ should agree to carry the motion.

.24 For the acceptance of system reviews (including corrective actions or implementation plans related to a system review),

- a. the chairperson of the RAB should possess the qualifications required of a system review team captain.
- b. a majority of the RAB members should possess the qualifications required of a system review team captain.
- c. at least one RAB member should have current experience in the types of must-select engagements included in the review. (Ref: par. .A26–.A27)

.25 If a RAB meeting includes a third party to meet the requirement for must-select experience discussed in paragraph .24, that individual should meet the following qualifications:

- a. Be a member of the AICPA in good standing, licensed to practice as a CPA, and employed by or an owner of a firm enrolled in the program.
- b. Be presently involved in public practice in the types of must-select engagements as a partner, manager, or person with equivalent supervisory responsibilities or carrying out a quality control function in the individual's firm.

- c. Be employed by or an owner of a firm that has received a report with a peer review rating of *pass* or *pass with scope limitations* for its most recent system review. The report should have been accepted timely.
- d. Agree to confidentiality and conflict-of-interest requirements of the program.

Peer Review Evaluation

.26 The RAB should evaluate each peer review presented for acceptance to determine whether the review was performed and reported on in accordance with the standards. After the evaluation of the peer review documents, the RAB should vote on acceptance, deferral, or delayed acceptance of the review. Specific criteria for evaluating peer reviews are discussed in paragraphs .11–.15 of section 410.

.27 The RAB should require a reviewed firm to perform corrective actions for *pass with deficiencies* and *fail* reports. Determining when and what type of corrective actions to require is further discussed in paragraph .07 of section 420. (Ref: par. .A28–.A29)

.28 The RAB should consider an implementation plan only for

- a. repeat findings,
- b. findings that identify at least one must-select nonconforming engagement in a system review, or
- c. a finding related to the reviewed firm’s licensure.

(See paragraphs .07 and .08 of section 420.)

.29 The RAB should establish a due date for required corrective actions and implementation plans. The due date should be as soon as reasonably possible considering all known information, including, but not limited to, the following:

- a. The anticipated completion date of subsequent engagements
- b. The timing of CPE program presentations or availability
- c. The timing of the reviewed firm’s monitoring procedures

Evaluating the Results of Corrective Actions and Implementation Plans

.30 The RAB should evaluate the results of corrective actions and implementation plans to determine if they have been completed as required and whether the reviewed firm should be required to perform additional actions. (See paragraphs .09–.10 of section 420.)

.31 When considering replacing or waiving corrective actions or implementation plans, the RAB should do the following:

- a. Review the facts and circumstances surrounding the deficiencies or findings.
- b. Consider the reasons for the original action.
- c. Consider replacing an action prior to waiving an action, if applicable. (See paragraph .12 of section 420.)

.32 If the reviewed firm requests a replacement or waiver of an action because it will no longer perform engagements in the industry or level of service related to the action, the RAB should replace or waive the action and require the firm to provide a written representation that

- a. states the firm is no longer performing or has plans to perform engagements in that industry or level of service.
- b. includes a listing of such engagements that were issued since the last peer review year-end.
- c. is signed by the appropriate member of management.
- d. is included in the letter of response if the firm represents it will no longer perform certain types of engagements or engagements in a specific industry prior to the review being submitted for acceptance.

.33 If the RAB waived corrective actions because a reviewed firm represented that it would no longer perform the types of engagements that were the source of deficiencies and the firm subsequently notifies the AE that the firm has accepted such an engagement, the RAB should evaluate whether the firm should perform any actions related to the recently accepted engagement.

Firm Cooperating and Complying With the Requirements of the Program

.34 The RAB should evaluate whether a reviewed firm is not cooperating or not complying with the requirements of the program due to reasons described in paragraph .16 of section 300, *General Principles and Responsibilities for Reviewed Firms*. (See appendix A.)

.35 For a reviewed firm that receives three consecutive non-pass (*pass with deficiencies* or *fail*) peer review reports, the RAB should assess whether the firm should be referred for failing to comply with the requirements of the program when the RAB evaluates the firm's most recent review for acceptance. For a reviewed firm that receives consecutive non-pass peer review reports (two total), the RAB should assess whether the firm should be referred for failing to comply with the requirements of the program after the firm has submitted the results of assigned corrective actions in its current review. (Ref: par. .A30–.A33)

.36 After a firm receives consecutive non-pass reports, the RAB or the committee should evaluate whether to refer the firm for potential termination. The evaluation of the firm's attempted improvement should include reviewing the previous peer review documents, including the reports, letters of response, and results from related corrective actions, and evaluating the following: (Ref: par. .A32–.A33)

- a. Whether the prescribed corrective actions were appropriate to address the cause of the deficiencies and gave the firm an opportunity to demonstrate the effectiveness of implemented changes
- b. Whether the firm was given an appropriate amount of time to improve

- c. Whether the firm implemented actions outside of required corrective actions to resolve deficiencies
- d. Whether actions taken by the firm appear genuine
- e. Whether there was improvement relative to the deficiencies identified
- f. Whether deficiencies were repetitive or substantially the same on the current review
- g. Whether deficiencies in the prior review were replaced with different deficiencies
- h. Whether deficiencies in the current year were of the same nature and severity as compared to the prior review deficiencies
- i. Other facts and circumstances as deemed necessary

.37 After evaluation, the firm should be referred to the committee or board if any of the following apply:

- a. It is evident the firm did not implement the actions in its letters of response or complete corrective actions required to date.
- b. Deficiencies in previous peer reviews are repeated in the current peer review.
- c. The firm has not made attempts to appropriately design or comply with its system of quality control.

(See appendix A.)

.38 The AE should maintain documentation of the RAB's and committee's evaluations of potential referrals to the board for termination for receiving consecutive non-pass reports.

.39 Referral of a firm to the board should include all supporting documentation. (Ref: par. .A34–.A35)

Considerations for the Recall of Peer Review Documents

.40 If, subsequent to the date of peer review acceptance, information becomes known that existed as of the date of the peer review report or acceptance that might have affected the performance or acceptance of the peer review, the RAB should evaluate the facts and circumstances and determine whether the acceptance letter should be recalled. In such cases, only the reviewed firm's most recently accepted peer review should be recalled. (Ref: par. .A36)

.41 Recall should not be considered as a result of (Ref: par. .A37)

- a. fee disputes,
- b. disagreements that occur after acceptance by the RAB,
- c. situations outside of the scope of peer review,
- d. situations not addressed in the standards, or
- e. other situations that did not have a direct impact on the underlying peer review period, procedures performed, or peer review documents.

.42 When peer review documents are being considered for recall,

- a. AICPA staff should be notified and consulted early in the process.

- b. all parties involved should cooperate with efforts to determine the impact any additional information may have on a review.
- c. all parties should continue to adhere to the confidentiality guidelines in paragraphs .19–.20 of section 100.
- d. peer review documentation should be maintained after notification of potential recall until the matter is resolved.
- e. recall considerations should be documented and retained until the firm’s subsequent review has been completed.

Reviewer Performance

.43 During the review acceptance process, the RAB should evaluate the captain’s and review team’s performance. (See paragraphs .01–.17 of section 430.)

Other RAB Responsibilities

.44 The RAB should periodically (at least annually) review a list of engagement reviews accepted by the technical reviewer.

Technical Reviewer

Qualifications

.45 A technical reviewer should (Ref: par. .A38)

- a. be a member of the AICPA in good standing, licensed to practice as a CPA.
- b. complete initial and ongoing peer review captain training that meets the requirements established by the board within 12 months preceding the commencement of the technical review. (Ref: par. .A38)
- c. have an appropriate level of accounting and auditing knowledge and experience suitable for the work performed. (Ref: par. .A39)
- d. complete initial technical reviewer training that meets the requirements established by the board within 12 months before serving as a technical reviewer and complete or attend one of the following every calendar year thereafter:
 - i. a technical reviewer update training course developed by the AICPA
 - ii. the annual AICPA peer review conference
- e. obtain at least 48 hours of AICPA-required CPE every 3 years in subjects relating to accounting, auditing, and quality control, with a minimum of 8 hours in any 1 year.
- f. obtain at least 8 hours of CPE every 2 years in subjects related to single audits, if performing the technical review of a peer review that includes single audit engagements. The required CPE hours should include completion of technical reviewer training for single audits, which should be completed prior to performing the technical reviewer’s first technical review of documents for a single audit engagement. (Ref: par. .A40)

e.g. annually participate in a peer review that is equivalent to the highest level of technical review performed. Participation includes the following:

- i. Reviewing and discussing the planning and scope of the peer review with the captain
- ii. Reviewing the engagement checklists completed by the review team
- iii. Attending meetings or participating in conference calls between the reviewer and reviewed firm to discuss issues encountered during the peer review
- iv. Attending the closing meeting and the exit conference

.46 Technical reviewers who are not also peer reviewers should notify the relevant AE of any limitations or restrictions on their or their firm's ability to practice. Notification should happen prior to performing a technical review. (Ref: par. .A41)

Evaluating Peer Review Documentation

.47 Technical reviews are required to be performed on all peer reviews. The technical reviewer should review peer review documents, evaluate whether the peer review documentation provides satisfactory evidence of compliance with the standards and supports the conclusions reached, and complete the technical reviewer's checklist. (See paragraphs .05–.10 of section 410.)

.48 For reviews that require RAB evaluation, the technical reviewer should provide the RAB with necessary information to properly evaluate the review. The required technical review working papers should be submitted to the AE in a timely manner to assist the AE in ensuring reviews are presented to a RAB within 120 days of receipt of the working papers from the captain and meeting materials are provided to RAB members at least 7 days in advance of the date of the RAB meeting. (See paragraphs .07 and .10 of section 410.)

.49 When engagement reviews meet the criteria to be accepted by the technical reviewer and such authority has been granted by the committee or RAB, the technical reviewer should accept the review on behalf of the RAB within 60 days of receipt of the working papers from the review captain. The technical reviewer should accept engagement reviews on the RAB's behalf only if such authority has been granted and the review meets the following minimum criteria:

- a. ~~No~~**The only matters (MFCs) are noted and matters for further consideration (MFCs) prepared relate to compilation or preparation engagements performed in accordance with the Statements on Standards for Accounting and Review Services.**
- b. The review was not subjected to oversight.
- c. The technical reviewer did not identify any reviewer performance feedback.
- d. There are no other issues associated with the peer review warranting committee consideration or action that could affect the results of the peer review.

Evaluating Corrective Actions and Implementation Plans

.50 The technical reviewer should evaluate the results of corrective actions or implementation plans to determine if they meet the requirements imposed by the RAB. If no significant outstanding issues exist, the technical reviewer should do one of the following:

- a. Accept the review on behalf of the RAB, if such authority has been granted.
- b. Present the review to the RAB for acceptance.

(See paragraphs .09–.11 of section 420.)

.51 If results of corrective actions or implementation plans show there are significant outstanding issues, the technical reviewer should not accept the corrective actions or implementation plans. Instead, the technical reviewer should

- a. recommend the RAB require additional corrective actions or implementation plans and
- b. consider and recommend whether the reviewed firm should be referred to a hearing panel for not cooperating with the requirements of the program.

.52 The technical reviewer should evaluate due date extension requests for corrective actions and implementation plans and

- a. approve the extension request, if such authority has been granted (see paragraph .11 of section 420), or
- b. submit the request to the AE for RAB evaluation.

.53 The technical reviewer should evaluate requests to waive or replace corrective actions and implementation plans and submit the requests to the AE for RAB evaluation. (Ref: par. .A42)

Other Technical Reviewer Requirements

.54 Technical reviewers should be available to the RAB for questions or clarifications regarding their reviews being presented to the RAB. However, technical reviewers should not (Ref: .A43)

- a. actively present reviews to the RAB,
- b. make decisions on reviews on behalf of the RAB, or
- c. vote on acceptance of reviews.

Application and Other Explanatory Material

Scope of This Section (Ref: par. .02)

.A1 Individuals involved in the administration of the program include, but are not limited to,

- a. the CPA on staff,
- b. technical reviewers,
- c. administrators,
- d. committee members, and
- e. RAB members.

Obligations of an Administering Entity (Ref: par. .06)

.A2 If an AE fails to comply with the requirements of the program, refuses to cooperate, or is found to be deficient in administering the program in compliance with these standards, the board may (pursuant to fair procedures) take appropriate remedial actions.

.A3 The CPA on staff is responsible for evaluating whether technical reviewers are in compliance with the requirements outlined in paragraph .45, determining whether a technical reviewer’s knowledge and experience are sufficient to perform technical reviews or oversight, and managing the performance of administrators and technical reviewers, including having the appropriate authority to manage and address any performance concerns of those individuals.

.A4 The committee may appoint individuals to serve on subcommittees and task forces as necessary to carry out its functions.

.A5 It is recommended that the AE document its committee and RAB structure and relationship.

.A6 Exhibit A, “Example Familiarity Threat Policies and Procedures,” provides examples of familiarity threats and potential safeguards to assist AEs in creating their policies and procedures.

.A7 The *AICPA Peer Review Program Oversight Handbook* contains a detailed discussion of the minimum oversight requirements and the oversight process.

.A8 Circumstances in which it may be acceptable that a review is not presented or accepted in a timely manner include, but are not limited to, the following:

- a. Determination during technical review that oversight should be performed
- b. Submitted peer review documentation requires significant revisions or there are significant delays in receiving revised documents or responses to technical reviewer questions
- c. Enhanced oversight procedures
- d. Disagreements among the reviewer, reviewed firm, technical reviewer, or the AE

Document Retention (Ref: par. .07)

.A9 AEs may rely on the electronic peer review system to retain peer review documentation in accordance with the requirements if the documents are appropriately uploaded into the system. If any peer review documents are outside of the electronic peer review system, the AE retains those documents as follows:

Most Recently Completed Peer Review Documents (as Applicable)	Retention Period	
	<i>Enrolled Firms</i>	<i>Unenrolled Firms¹</i>
<ul style="list-style-type: none"> • FFCs • Firm representation letter 	At least 120 days, but no more than 150 days,	At least 42 months, but no more than 43

¹ Unenrolled firms, for purposes of document retention, are firms that resigned or were dropped or terminated from the program.

Most Recently Completed Peer Review Documents (as Applicable)	Retention Period	
	<i>Enrolled Firms</i>	<i>Unenrolled Firms¹</i>
<ul style="list-style-type: none"> Letters requesting the reviewed firm’s completion of an implementation plan Supporting documents evidencing completion of corrective actions and implementation plans CART review engagement letter Letters relating to peer review document recall considerations 	after completion of subsequent review	months, after the resignation, drop, or termination date
<p><i>When a firm receives a report with a pass rating:</i></p> <ul style="list-style-type: none"> Peer review report Letter notifying the firm that its peer review has been accepted Letters notifying the firm that the implementation plan has been completed 	At least 120 days, but no more than 150 days, after completion of subsequent pass review	At least 42 months, but no more than 43 months, after the resignation, drop, or termination date
<p><i>When a firm receives a report with a non-pass rating:</i></p> <ul style="list-style-type: none"> Peer review report Letter of response Letter notifying the firm that its peer review has been accepted Letters indicating that the peer review documents have been accepted with the understanding that the firm agrees to take certain actions Letters notifying the firm the implementation plans have been completed Letters notifying the firm that required actions have been completed 	At least 120 days, but no more than 150 days, after completion of a subsequent review with a pass report, not to exceed 3 peer reviews	At least 42 months, but no more than 43 months, after the resignation, drop, or termination date
<ul style="list-style-type: none"> All other documents (for example, the Summary Review Memorandum or MFCs) 	<p><i>Completion Date for the Review:</i></p> <ul style="list-style-type: none"> At least 120 days, but no more than 150 days, after completion of the review 	<p><i>Completion Date for the Review:</i></p> <ul style="list-style-type: none"> At least 120 days, but no more than 150 days, after completion of the review

Most Recently Completed Peer Review Documents (as Applicable)	Retention Period	
	<i>Enrolled Firms</i>	<i>Unenrolled Firms¹</i>
<p><i>When a firm’s peer review is not completed (for example, when a firm is terminated and does not reenroll):</i></p> <ul style="list-style-type: none"> • All peer review documents 	N/A	<ul style="list-style-type: none"> • At least 42 months, but no more than 43 months, after the resignation, drop, or termination date

.A10 The AICPA or the AE’s committee may require any or all peer review documentation for specific reviews to be retained for a longer period than specified in paragraph .07 if there are regulatory investigations, pending litigation, or other appropriate circumstances.

Publicizing Peer Review Information (Ref: par. .08 and .09)

.A11 A firm may be a voluntary member of one of the AICPA’s audit quality centers or sections that requires, as a condition of membership, that certain peer review documents be open to public inspection. Other firms may voluntarily instruct their AEs to make the peer review results available to certain other state boards of accountancy. In these cases, the firm permits the AEs to make its peer review results available to the public or to state boards of accountancy. Peer review results include, as applicable, the following:

- a. Peer review report
- b. Letter of response
- c. Acceptance letter
- d. Letters acknowledged by the reviewed firm indicating that the peer review documents have been accepted with the understanding that the reviewed firm agrees to take certain actions
- e. Letters notifying the reviewed firm that certain required actions have been completed

.A12 When there is evidence of an open ethics investigation and the firm makes an informed and voluntary waiver of confidentiality in writing, AICPA Peer Review Program staff may provide information to the AICPA Professional Ethics Division. Information available for disclosure about the firm includes, but is not limited to, the following:

- a. Fieldwork commencement date
- b. Exit conference date
- c. Review acceptance dates
- d. Levels of service and industries included in the firm’s peer review information for prior or current peer reviews
- e. Levels of service and industries included in prior or current peer reviews and those determined not to be in conformity with professional standards in all material respects
- f. Signed confirmations by a firm representative that the enrolled firm did not perform any services or issue reports that would require the firm to undergo a peer review

- g. Other similar information related to a prior or current peer review

.A13 If a firm has authorized the AE in writing to provide specific information (in addition to the information in paragraph .08) to third parties, the following (or similar) types of objective information about the review may be provided, if known:

- a. The date the review is or was scheduled to take place
- b. The name of the reviewing firm, team captain, or review captain
- c. If the fieldwork on the peer review has commenced
- d. The date the exit conference was expected to or did occur
- e. A copy of any extension approval letters
- f. Whether the peer review working papers have been received by the AE
- g. Whether a must-select engagement was included in the scope, as required by the standards
- h. If a technical review is in process
- i. Whether the review has been presented to a RAB
- j. The date the review is expected to be presented to a RAB
- k. The specific overdue letters (such as, but not limited to, scheduling the peer review or completion of remedial actions) requested by third parties

.A14 Subjective information includes, but is not limited to, the following:

- a. A statement indicating only that the review is “in process,” or a response to an inquiry regarding the “general status” of a peer review
- b. The peer review report rating prior to the peer review’s acceptance
- c. Whether there are indications that the firm, reviewing firm, team captain, or review captain are cooperating (or not cooperating) with the AICPA or AE
- d. An indication of the quality or completeness of peer review working papers received by the AE
- e. Reasons why peer review working papers, implementation plans, or corrective actions are late
- f. Whether a firm is close to submitting documents or completing implementation plans or corrective actions
- g. Reasons for, or the likely outcome of, fair procedures to determine whether the firm is cooperating with the AICPA or the AE

Ethical Requirements Relating to a Peer Review (Ref: par. .10)

.A15 Templates for confidentiality and conflict-of-interest agreements are updated periodically by the board.

.A16 Individuals involved in administration of the program are described in paragraph .A1; however, the requirement in paragraph .10d is limited to individuals serving as committee members, RAB members, or technical reviewers.

.A17 Depending on the circumstances and considering the impact of their serving the public interest, possible actions are oversight of the individuals' peer reviews or having them recuse themselves from the report acceptance process (in its entirety or just from the report acceptance process for reviews with engagements in the industry or other classification addressed by the allegation or investigation).

CPA on Staff

Qualifications (Ref: par. .16)

.A18 The CPA on staff may perform technical reviews on a short-term basis such as when technical reviewers are unavailable for extended periods or there is a high volume of reviews. The CPA on staff may also perform technical reviews for another AE's jurisdiction.

Peer Review Committee

Composition and Qualifications (Ref: par. .17 and .19)

.A19 In rare circumstances, an exception may be approved by the AICPA when a request is submitted in writing that thoroughly explains why the exception should be approved for an individual that does not meet the required qualifications described in paragraph .17.

.A20 When a committee member is not team captain-qualified but is practicing with a firm that has a non-pass rating in its most recent peer review report, the AE may consult with AICPA staff and establish safeguards to address the roles of such committee members.

.A21 Restrictions by regulatory, monitoring, or enforcement bodies that are outside of the program may disqualify a committee member. When such a restriction relates only to the committee member's firm, the AE may consider the nature and circumstances of partial or limited restrictions to determine whether the committee member no longer meets the required qualifications.

Responsibilities (Ref: par. .20)

.A22 In the event of a disagreement between the AE and either the reviewer or the reviewed firm that cannot be resolved by ordinary good-faith efforts, the AE may request that the matter be referred to the board for final resolution. The AE's committee is responsible for determining whether a disagreement exists that should be referred, and if so, may refer the matter to the board for resolution. In these circumstances, the board may consult with representatives of other AICPA committees or with appropriate AICPA staff.

Report Acceptance Body

Qualifications (Ref: par. .21 and .22)

.A23 A manager or person with equivalent responsibilities is a professional employee of the firm who has either a continuing responsibility for the overall planning and supervision of engagements for specified clients or authority to determine that an engagement is complete subject to final partner approval, if required.

.A24 The AE will determine if the report has been accepted timely, which is ordinarily within three years and six months of the most recently accepted review's acceptance date. Considerations regarding timely acceptance are discussed in paragraph .A8.

.A25 Restrictions by regulatory, monitoring, or enforcement bodies that are outside of the program may disqualify a RAB member. When such a restriction relates to the RAB member's firm, the AE may consider the nature and circumstances of partial or limited restrictions to determine whether the RAB member no longer meets the required qualifications.

Report Acceptance Body Composition (Ref: par. .23–.24)

.A26 Current experience is described in paragraph .A22 of section 200.

.A27 The appropriate must-select experience may come from a member of the RAB, another AE's RAB member, or an individual from a list of consultants maintained by the AICPA. The AE will determine if the RAB will not have the appropriate must-select experience and assign an individual with such experience prior to assigning the review to a RAB. The assigned individual with the appropriate must-select experience

- a. participates as a consultant,
- b. is not eligible to vote on acceptance of a review, and
- c. may attend the RAB meeting via teleconference.

Peer Review Evaluation (Ref: par. .27)

.A28 The RAB may accept a *pass with deficiencies* or *fail* report without requiring corrective actions in certain circumstances including, but not limited to, the following:

- a. If the firm documented in its letter of response that it will no longer perform engagements in the industry or at the level of service related to the deficiencies or significant deficiencies
- b. If the firm's remediation described in its letter of response was completed and the team captain was able to review and was satisfied with the firm's action before the review was considered by the RAB

.A29 Guidance to assist outside third parties engaged to issue reports for corrective actions or implementation plans as a result of a peer review is discussed in appendix A of section 420.

Firm Cooperating and Complying With the Requirements of the Program (Ref: par. .35–.36 and .39)

.A30 After a firm receives a non-pass (*pass with deficiencies* or *fail*) peer review report, the firm is notified via a delivery method providing proof of delivery, such as via the electronic peer review system. If the firm fails to receive a pass report rating on its next peer review, it may be referred to the board for potential termination for failing to comply with the requirements of the program.

.A31 Referral for three or more consecutive non-pass peer review reports is presumptively mandatory but that presumption may be overcome.

.A32 When a firm has demonstrated improvement from the last peer review but other deficiencies were noted, causing a consecutive *pass with deficiencies* or *fail* report, referral to the board for failing to comply with the requirements of the program may not be necessary. In such circumstances, the firm took actions that corrected the prior deficiencies, but in doing so, may have created new deficiencies. Because the firm took remedial actions to correct the original deficiencies, the firm is deemed to have complied with the requirements of the program. Instead of referring the firm to the committee or board, the RAB may require additional corrective actions that will allow the firm to rectify the new deficiencies.

.A33 Reasons a RAB may decide not to refer a firm for failing to comply with the requirements of the program include, but are not limited to, the following:

- a. The firm has demonstrated genuine, significant improvement from the last peer review.
- b. The firm corrected deficiencies or significant deficiencies from the prior review, but in doing so, created new deficiencies or significant deficiencies.
- c. The RAB anticipates a pass report on the firm's next peer review due to aggressive actions taken by the firm to correct the deficiencies or significant deficiencies such as a firm that incorporates outside-party pre-issuance reviews of the type of engagements that led to the deficiencies or significant deficiencies.
- d. The RAB believes that, due to the nature and significance of the deficiencies or significant deficiencies, more targeted corrective actions can assist the firm in remediation.
- e. The firm voluntarily elects to cease performing certain engagement types or engagements in certain industries specifically related to the deficiencies or significant deficiencies.

.A34 Documentation supporting referral of a firm to the board for potential termination includes, but is not limited to, the following:

- a. Warning letters issued to the firm
- b. Evidence of other correspondence whether verbal or written
- c. Notes or assessments from RAB or committee meetings (if applicable)
- d. A timeline outlining the various communications

.A35 Upon referral, the board will appoint a hearing panel to consider whether the firm's enrollment in the AICPA Peer Review Program should be terminated or whether some other action should be taken. Firms whose enrollment in the AICPA Peer Review Program is terminated have the right to appeal pursuant to fair procedures established by the board.

Considerations for the Recall of Peer Review Documents (Ref: par. .40 and .41)

.A36 Appendix C provides additional guidance and considerations for evaluating the potential recall of a peer review report.

.A37 If a report was accepted more than three years and six months prior to the discovery of the information that may have affected the performance or acceptance of the peer review had it been known, recall considerations may not be necessary.

Technical Reviewer

Qualifications (Ref: par. .45 and .46)

.A38 Peer review captain training courses are located on the Peer Review page of the AICPA website.

.A39 An appropriate level of accounting and auditing knowledge and experience may be obtained from on-the-job training, training courses, or a combination of both.

.A40 Technical reviewer training for single audits may be completed by taking the on-demand course developed by the AICPA or an alternative course approved by the board.

.A41 Examples of limitations or restrictions are included in paragraph .A14 of section 200. Although that paragraph refers specifically to peer reviewers, it is also applicable to technical reviewers who are not peer reviewers.

Evaluating Corrective Actions and Implementation Plans (Ref: par. .53)

.A42 The technical reviewer may provide recommendations to the RAB regarding waiving or replacing corrective actions or implementation plans, taking into consideration the guidance in paragraphs .12 and .13 of section 420.

Other Technical Reviewer Requirements (Ref: par. .54)

.A43 During RAB meetings, the technical reviewer may

- a. present matters of an administrative nature, such as due date extensions;
- b. present matters requiring consultation; and
- c. respond to questions from the RAB.

Exhibit A — Example Familiarity Threat Policies and Procedures

.A44 This exhibit includes examples of familiarity threats and potential safeguards used to mitigate the threats. These examples are not all-inclusive. In some instances, a safeguard could mitigate more than one threat; in other instances, however, depending on the significance of a threat, more than one safeguard may be necessary to properly mitigate it.

Familiarity Threat	Safeguards to Mitigate the Threat
<p>.01 The peer reviews of the technical reviewers’ and committee or report acceptance body (RAB) members’ firms are presented for acceptance.</p>	<ul style="list-style-type: none"> • The technical reviewers’ and committee or RAB members’ peer reviews will be accepted by a different administering entity (AE). We have partnered with AE “A” and have attached the agreement as addendum B. • The AE is split in more than one district, for example, east and west. The committee or RAB accepts reviews from a district other than its own. • The CPA on staff monitors the RAB process and reports preferential treatment or inconsistencies in the process. • The AE will designate a committee member (or other qualified individual) as an observer of RAB meetings to monitor the RAB process and report preferential treatment or inconsistencies in the process.
<p>.02 Overreliance on committee or RAB members, which leads to other members not reading the RAB package in its entirety.</p>	<ul style="list-style-type: none"> • Arranging for RAB members from other AEs to participate in RABs • Having multiple committees or RABs that change composition regularly • Having RAB members acknowledge that they have read reviews before starting the meeting • Having the CPA on staff evaluate committee or RAB member performance
<p>.03 The committee or RAB members have a long-standing relationship with the technical reviewers, which leads to overreliance on the technical reviewers’ procedures and conclusions. For instance, it may not be apparent if an issue or a non-conforming engagement has been addressed, yet the committee or RAB decide not to investigate because members believe the technical</p>	<ul style="list-style-type: none"> • Engaging qualified individuals from another state to perform all technical reviews • Arranging for RAB members from other AEs to participate in RABs • Engaging a second technical reviewer to perform a selection of secondary technical reviews of high-risk reviewers, firms, and random samples

Familiarity Threat	Safeguards to Mitigate the Threat
reviewer would not have missed the issue.	
<p>.04 The committee or RAB members have long-standing relationships with some reviewers, particularly those who perform a high volume of reviews.</p>	<ul style="list-style-type: none"> • Arranging for another AE to accept an AE’s high-volume reviewers’ reviews • Annually requesting committee or RAB members to identify conflicts of interest with reviewers and reviewed firms
<p>.05 Technical reviewers have long-standing relationships with some reviewers, particularly those who perform a high volume of reviews.</p>	<ul style="list-style-type: none"> • Engaging qualified individuals from another state to perform all technical reviews • Arranging for another AE to accept reviews performed by a high-volume reviewer • Annually requesting technical reviewers to identify conflicts of interest with reviewers and reviewed firms
<p>.06 AEs are hesitant to provide feedback or consider deficiency letters for a variety of reasons including, but not limited to, the following:</p> <ol style="list-style-type: none"> a. RAB members know the reviewer. b. The reviewer performs a high volume of reviews in the state and the RAB is afraid to offend him or her. c. The reviewer is a RAB member (current or former) or is a technical reviewer. d. The reviewer teaches for the state CPA society or has some other society relationship that leads to a belief that the individual knows what the individual is doing. 	<ul style="list-style-type: none"> • Engaging qualified individuals from another state to perform all technical reviews • Arranging for RAB members from other AEs to participate in RABs • Annually requesting committee or RAB members to identify conflicts of interest with reviewers and reviewed firms
<p>.07 A committee member is given informal feedback on reviews the committee</p>	<ul style="list-style-type: none"> • Arranging for RAB members from other AEs to participate in RABs

Familiarity Threat	Safeguards to Mitigate the Threat
<p>member performed but a different reviewer is issued written feedback for the same issue.</p>	<ul style="list-style-type: none"> • Having the CPA on staff monitor the RAB process and report preferential treatment or inconsistencies in the process • Having the AE designate a committee member (or other qualified individual) as an observer of RAB meetings to monitor the RAB process and report preferential treatment or inconsistencies in the process
<p>.08 Following an enhanced oversight, the RAB has allowed the peer reviewer or reviewed firm to provide documentation not provided to the subject matter expert during the enhanced oversight (such documentation should have been provided at that time). This gives the appearance that reviewers or reviewed firms familiar to the RAB are being allowed to create working papers.</p>	<ul style="list-style-type: none"> • Arranging for specialists from other states to participate in RABs • Arranging for RAB members from other AEs to participate in RABs • Having the CPA on staff monitor the RAB process and report preferential treatment or inconsistencies in the process
<p>.09 RAB members mention a firm’s reputation regarding a specific industry concentration when presented with issues (generally documentation issues), implying that because issues were not identified previously, it is unlikely issues exist now despite evidence to the contrary.</p>	<ul style="list-style-type: none"> • Arranging for specialists from other states to participate in RABs

Appendix A — Failure to Cooperate or Comply With the Requirements of the Program Referral Responsibilities

.A45 This appendix describes the responsibilities of the peer review committee (committee) and report acceptance body (RAB) when a firm fails to cooperate or comply with the requirements of the program. Additional information regarding cooperating and complying with the requirements of the program is included in paragraphs .13–.18 of section 300, *General Principles and Responsibilities for Reviewed Firms*.

Failure of a Firm to Comply With the Requirements of the Program	Report Acceptance Body Responsibility	Peer Review Committee Responsibility
.01 Once the review has commenced, not responding to inquiries or not providing any information necessary to ensure the review is accepted and completed	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.02 Withholding information significant to the peer review	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.03 Not providing documentation including but not limited to the representation letter, quality control documents, engagement working papers, and all elements of the firm’s system of quality control	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.04 Not responding to matters for further consideration or findings for further consideration timely	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.05 Limiting access to offices, personnel, or others once the review has commenced	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.06 Not facilitating the arrangement for the exit conference on a timely basis	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.07 Failing to timely file a letter of response, if applicable	Referral to board hearing panel must be supported by simple majority vote.	No action required.

Failure of a Firm to Comply With the Requirements of the Program	Report Acceptance Body Responsibility	Peer Review Committee Responsibility
.08 Failing to cooperate during oversight	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.09 Failing to timely acknowledge and complete required corrective actions or implementation plans	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.10 Failing to ensure that its peer review is submitted to the administering entity timely	Referral to board hearing panel must be supported by simple majority vote.	No action required.
.11 Failing to correct deficiencies or significant deficiencies after consecutive corrective actions required by the committee on the same peer review	Recommendation to full peer review committee must be supported by RAB simple majority vote.	Referral to board hearing panel must be supported by two-thirds vote of full peer review committee.
.12 Failing to provide the administering entity a substantive response, and the firm does not revise its response or provides additional responses that are not substantive as determined by the administering entity	Recommendation to full peer review committee must be supported by RAB simple majority vote.	Referral to board hearing panel must be supported by two-thirds vote of full peer review committee.
.13 Failing to provide substantive responses during the administering entity’s process of determining if erroneously provided or omitted information by a firm that results in a significant change in the planning, performance, evaluation of results, or peer review report is a matter of noncooperation	Recommendation to full peer review committee must be supported by RAB simple majority vote.	Referral to board hearing panel must be supported by two-thirds vote of full peer review committee.
.14 Failing to timely notify the administering entity that the firm is performing a type of engagement or engagements in an industry in which the firm had previously represented by written communication to the administering entity that it was no longer performing and had no plans to perform, in response to a related corrective action or implementation plan wherein the corrective action or implementation plan was	Recommendation to full peer review committee must be supported by RAB simple majority vote.	Referral to board hearing panel must be supported by two-thirds vote of full peer review committee.

Failure of a Firm to Comply With the Requirements of the Program	Report Acceptance Body Responsibility	Peer Review Committee Responsibility
eliminated by the administering entity based on the representation		
.15 Deficiencies or significant deficiencies indicate the firm is so seriously deficient in its performance that educational and remedial corrective actions or implementation plans would not be adequate	Recommendation to full peer review committee must be supported by RAB simple majority vote.	Referral to board hearing panel must be supported by two-thirds vote of full peer review committee.
.16 Other instances of noncooperation for which determination of sufficiency or appropriateness of firm actions warrant consideration by the administering entity’s peer review committee	Recommendation to full peer review committee must be supported by RAB simple majority vote.	Referral to board hearing panel must be supported by two-thirds vote of full peer review committee.
.17 Receiving consecutive non-pass peer review reports and the second report is a <i>pass with deficiencies</i>	Assessment by the RAB after corrective actions related to the second non-pass review are submitted. Recommendation to the full peer review committee must be supported by RAB simple majority vote.	Assessment by the committee, referral to board hearing panel must be supported by two-thirds vote of full peer review committee.
.18 Receiving consecutive non-pass peer review reports and the second report is a <i>fail</i>	Assessment by the RAB after corrective actions related to the second non-pass review are submitted. Referral to the board is presumptively mandatory and must be supported by RAB simple majority vote.	<u>Assessment by the committee, referral to board hearing panel must be supported by two-thirds vote of full peer review committee.</u> No action required.
.19 Receiving a third consecutive non-pass peer review report.	Assessment by the RAB. Referral to the board is presumptively mandatory and must be supported by RAB simple majority vote.	No action required.

Appendix B — Disagreements

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Disagreements

.01 Professional judgment is part of the peer review process and individuals have the right to challenge one another on an issue. As such, disagreements may arise between parties to a peer review and include, but are not limited to, the following:

- a. The type of peer review report to be issued
 - b. The application of professional standards related to the review of an engagement
 - c. The systemic cause of a deficiency or issues related to a design or compliance deficiency
 - d. Whether the performance or reporting (or both) on an engagement results in a nonconforming engagement
 - e. Whether actions planned or taken by the firm to address findings or deficiencies or to remediate nonconforming engagements, if any, are appropriate
- After acceptance of a peer review, whether peer review documents should be recalled (See paragraphs .40–.42 of section 400, *General Principles and Administration Responsibilities*.)

.02 Reviewers and reviewed firms may consult the administering entity (AE) for assistance in resolving disagreements and, if necessary, request that the AE form a disagreement panel to resolve the disagreements. A disagreement panel may be requested by any disagreeing party.

AE Considerations When Establishing Policies and Procedures Related to Disagreements

.03 Policies and procedures for handling disagreements between any parties to a peer review include, but are not limited to, the following:

- a. If a reviewed firm disagrees with one or more of its review team's conclusions, either party may consult with the AE. The AE attempts to resolve the disagreement, which may include discussions with the technical reviewer or the performance of oversight procedures. Additional matters may be identified in this process and may result in findings or deficiencies.
- b. After consultation with the AE, if the reviewed firm still disagrees with one or more of the review team's conclusions, the reviewed firm may
 - i. describe the reasons for the disagreement in the matters for further consideration, findings for further consideration, or the letter of response or
 - ii. request that the disagreement be referred to a disagreement panel prior to presentation to the report acceptance body (RAB).
- c. If the reviewed firm requests that the disagreement be referred to a panel of committee members (disagreement panel) for consideration, the AE follows procedures in the [Disagreement Panels](#) section of this appendix.

- d. Once the disagreement panel has reached a decision, even if the firm or reviewer still disagree, the issue is considered resolved by the AE. A decision letter containing the actions required by each party to cooperate with the committee will be sent to the firm and review team.
- e. Any of the disagreeing parties may request an appeal of the decision of a disagreement panel relating to a deficiency or significant deficiency (report-level issues, including corrective actions) by writing the board within 30 days of the decision. (See the section [*“Appeals of Disagreement Panel Decisions.”*](#))

Disagreement Panels

.04 The objective of a disagreement panel is to assist the disagreeing parties in resolving issues. A disagreement panel may be requested by any disagreeing party.

.05 Requests for a disagreement panel

- a. are submitted in writing to the AE via a method providing proof of delivery (including electronic means).
- b. provide details of the basis for the disagreeing parties’ positions including, at a minimum,
 - i. the issue or issues to be resolved,
 - ii. reference to applicable professional standards, and
 - iii. a chronology of events with references to supporting documents (including relevant peer review documents).
- c. include any supporting documentation.

.06 Supporting documents may include, but are not limited to,

- a. peer review documents,
- b. team or review captain working papers,
- c. administrative and technical reviewer checklists, and
- d. oversight reports.

.07 The disagreement panel

- a. occurs within 60 days of receipt of the request for the disagreement panel.
- b. consists of at least three committee members who are independent of the disagreeing parties and not involved in the acceptance of the review.
- c. includes members with practice experience commensurate with the area or industry reviewed.
- d. may include independent committee members from another AICPA approved AE.
- e. is led by one member of the panel serving as the chair.

.08 A notice informing the panel members and disagreeing parties of the date, time, and conference call information is sent at least 30 days in advance of the date of the panel. The notice includes the basis for the panel request and any supporting documentation submitted by the disagreeing parties.

.09 If new information relevant to the disagreement becomes available after the original submission of supporting documentation, such documentation is to be sent to the panel members only if the documentation can be provided for panel consideration at least 14 days prior to the panel date.

.10 In addition to providing written comments to the panel members for consideration, each disagreeing party has the right to participate in the panel. Participation includes the opportunity to make a presentation to the panel, respond to questions, or both. If either party is unable or chooses not to participate, the panel will consider that party's position based on written correspondence received prior to the panel.

.11 At the discretion of the panel, AICPA staff may participate to provide guidance related to peer review standards.

.12 During the panel, the panel members discuss the disagreement, including the supporting documentation submitted by the disagreeing parties; the basis for the disagreement; and how the panel should resolve the disagreement. The panel may ask any questions and request additional information from the disagreeing parties, the AE, or AICPA staff to assist it in making its decision.

.13 The panel (and, at the discretion of the panel, AICPA staff) then discuss the issue or issues in executive session without the disagreeing parties present. The panel may

- a. recommend performing oversight on the peer review or engagement allowing the results of the oversight to assist them in resolving the disagreement.
- b. identify additional matters that may result in findings or deficiencies.
- c. adjourn to a later date, as determined by the panel, to enable it to reach a decision.

.14 The decision of the panel is provided to all parties immediately following the panel's decision. A written communication of the panel's decision is sent to all parties within three business days of the panel's decision.

Appeals of Disagreement Panel Decisions

.15 Any of the disagreeing parties may request an appeal of the decision of a disagreement panel relating to a deficiency or significant deficiency (report-level matters) by writing the board and explaining why the party believes a review of the panel's decision is warranted. The request includes the disagreement panel decision letter, all documents provided to the disagreement panel, and any additional evidence supporting the appeal.

.16 An AICPA disagreement review panel will review and consider the appeal or request for review and take further action pursuant to fair procedures established by the board.

.17 The objective of the AICPA disagreement review panel is to assess the facts to determine whether the decision relating to a deficiency or significant deficiency (report-level issues,

including corrective actions) of the earlier disagreement panel was appropriate and to provide procedural fairness by acting as an appeal mechanism.

.18 Decisions by the AICPA disagreement review panel are final.

Appendix C — Considerations for the Recall of Peer Review Documents

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Overview

.01 AICPA staff are notified and consulted when peer review documents are being considered for recall. (Ref: par. .42a of section 400, *General Principles and Administration Responsibilities*)

.02 After the date of acceptance, neither the administering entity (AE) nor the reviewer have any obligation or expectation to perform any other peer review procedures with respect to the peer review report, acceptance letter, or letter of response, if applicable (referred to hereafter in this section as *peer review documents*), unless information that may affect an accepted peer review comes to either party's attention. Such information may come from various sources such as

- a. the AE,
- b. publicly available information,
- c. reviewers,
- d. AICPA staff, or
- e. other substantiated and reliable sources.

.03 The committee's decision to recall an acceptance letter invalidates the related peer review report and letter of response, if applicable, because it creates a situation in which the reviewed firm's peer review documents are no longer accepted by the AE. The committee may delegate the recall of a peer review acceptance letter to the RAB.

.04 The reviewer's decision to recall the peer review report necessitates recall of the related acceptance letter because such acceptance is not effective without the underlying report.

.05 If peer review documents are recalled, responsibilities of the parties involved include the following:

- a. The AE notifies applicable state boards of accountancy via letter, in jurisdictions where peer review is mandatory and state boards are not prohibited from accessing peer review documents, to inform them that the date of acceptance and period covered by the firm's most recently accepted peer review have changed and to contact the firm for further information. If a replacement review is allowed, the AE sends a similar communication in accordance with paragraph .08 of section 400 when that review is accepted.
- b. The firm removes the recalled peer review documents from publicly available sources (such as the firm's website) and notifies all parties that might be relying on those documents to discontinue reliance.
- c. The reviewer follows guidance for replacement reviews as addressed in paragraphs .17–.20, if applicable.

Potential Reasons for Recall of Peer Review Documents

.06 AICPA and AE staff may assist the committee in investigating whether the recall of peer review documents is appropriate. Recalling previously accepted peer review documents is considered in situations including, but not limited to, the following:

- a. *Errors or omissions — Material departures directly affecting the peer review report* (See paragraph .08.)
 - i. The firm had an engagement review and failed to inform the AE or reviewer that the firm performed an engagement for the period covered by the peer review that would have required the firm to undergo a system review had the information been known to the AE or reviewer.
 - ii. The firm performed an engagement in a must-select category during the period covered by the peer review, and the reviewer did not consider or select a comparable must-select engagement during the system review.
- b. *Errors or omissions — Other departures that may affect the peer review report* (See paragraphs .09–.11.)
 - i. The firm had an engagement review and failed to inform the AE or reviewer that the firm performed a particular level of service required to be selected in an engagement review, and the reviewer did not consider or select a comparable engagement during the engagement review. For instance, compilations with disclosures were included in the engagement review, but compilations without disclosures performed by the firm were not considered in the engagement review.
 - ii. The firm omitted or misrepresented information relating to its accounting and auditing practice, other than instances covered under item (a).
 - iii. The firm failed to inform the reviewer of communications or summaries of communications from regulatory, monitoring, or enforcement bodies relating to allegations or investigations of deficiencies in the conduct of an accounting, auditing, or attestation engagement performed and reported on by the firm or limitations or restrictions on the firm’s ability to practice public accounting related to the firm or its personnel within the three years preceding the firm’s current peer review year-end and through the date of the exit conference.
 - iv. The firm provided erroneous information in response to inquiries from the AE, staff, or reviewer in relation to the peer review.
- c. *Reviewer disqualifications* (See paragraphs .12–16.)
 - i. The reviewer or reviewing firm was not qualified (was ineligible) to perform the peer review or issue the peer review report because certain peer reviewer qualifications were not met at the time of the review, and this was not made known to staff or the AE during the scheduling, performance, or acceptance of the review.
 - ii. The reviewer or reviewing firm failed to inform staff or the AE about limitations or restrictions on the reviewer or reviewing firm’s ability to practice public accounting. Considerations for recalling peer review documents are not necessary if there are allegations or investigations of deficiencies in the conduct of an accounting, auditing, or attestation engagement performed and reported by the

reviewer or reviewing firm that are discovered subsequent to the acceptance of the peer review but that have not resulted in limitations or restrictions on the reviewer's or reviewing firm's ability to practice public accounting.

Voluntary Correction Program

.07 Firms that voluntarily notify the AE of an omission or misrepresentation resulting in a material departure will not be subject to a hearing panel. This notification from the firm must be prior to the AICPA or AE being otherwise notified of or discovering the omission or misrepresentation and prior to the firm receiving notification from another regulatory or monitoring agency. The peer review acceptance letter will be recalled and the firm will be required to undergo a replacement review due approximately 90 days after the firm's notification to the AE.

Material Departures

.08 For errors or omissions directly affecting the peer review report (the type of peer review, period covered, or must-select categories), the committee is not required to deliberate on whether to recall the acceptance letter. In such situations, responsibilities are as follows:

- a. *AE to contact the firm and reviewer.* After the information and evidence are confirmed as factual and reliable, the AE documents the situation in a notification that is sent to the firm by a means that provides proof of delivery (including electronic means) and copied to the reviewer and AICPA staff. This notification
 - i. includes evidence supporting the error or omission,
 - ii. provides the firm the opportunity to dispute the evidence,
 - iii. indicates that the acceptance letter will be recalled,
 - iv. informs the firm it will be subject to a hearing panel of the board to consider whether to terminate the firm's enrollment in the program, and
 - v. informs the firm that if its enrollment in the program is not terminated, it will be required to undergo a replacement review due approximately 60 days from the date of the hearing panel's decisions and that the panel may also indicate other sanctions or specific criteria for the replacement review.

The peer review documents are recalled when

- i. the firm acknowledges the notification and does not dispute the evidence, or
 - ii. the AE has proof of delivery of the notification (including via electronic means) and the firm has not disputed the evidence or acknowledged the notification timely.
- b. *Reviewer considers recall.* The reviewer responds to the notification in writing (this may include electronic means) about the decision to recall the peer review report. Unless the reviewer recalls the peer review report, the reviewer will not be allowed to revise the peer review report or perform the firm's replacement review.

If the notification regarding the material departure occurs within 120 days of the peer review completion date, the reviewer continues to retain the working papers for the

recalled review until completion of the revised or replacement review. The hearing panel may allow the reviewer to perform additional procedures and issue a revised report.

Other Departures That May Affect the Peer Review Report

.09 For errors or omissions that may affect the peer review report (the type of peer review, period covered, or must-select categories), the reviewer and committee independently consider the potential impact of the information on the results of the peer review. The peer review documents are recalled if the nature and effect of the matter are such that the reviewer or committee believes

- a. the peer review procedures, report, or both would have been affected if the information had been known to the reviewer as of the date of the report and
- b. persons who may attach importance to the omission or error are currently relying, or are likely to rely, on the peer review report.

.10 Examples of situations in which recall of the peer review documents is not necessary include the following:

- a. The new information relates to one specific partner, the working papers are within the retention period, and a similar type engagement from that partner was included within the peer review.
- b. In an engagement review, the reviewer becomes aware that the firm performed a review engagement that was not included in the firm's population of engagements and was therefore not subject to selection. The reviewer reviews the engagement and concludes that the inclusion of such engagement within the scope of the review would not have changed the peer review report.

.11 The reviewer communicates the decision of whether to recall the peer review report in writing (this may include electronic means) to the committee. If the committee has substantial reason to question the reviewer's decision not to recall the report, the committee consults AICPA staff and may undertake further measures.

Reviewer Disqualification

.12 When it comes to the attention of AICPA staff that a reviewer does not meet the qualifications to perform peer reviews, staff will notify the reviewer and applicable AEs. Staff will perform an analysis to determine if there are reviews that have been accepted that may have been performed when the reviewer was not qualified and notify affected AEs.

.13 The reviewer and committee independently consider the potential impact on the results of reviews performed when the reviewer was ineligible. The peer review documents are recalled if the reviewer disqualification would have caused a significant change in the planning, performance, evaluation of results, or peer review documents.

.14 The reviewer considers whether to voluntarily recall peer review reports issued when the reviewer was not qualified and inform the AE of the decision prior to informing the affected firms. The reviewer summarizes the basis for whether to recall each report and provides the summary to the AE promptly, but no later than 30 days from being notified of the issue.

.15 The committee (or the AE on behalf of the committee) contacts AICPA staff to discuss the impact the missing qualifications may have on reviews performed by the reviewer. This may result in

- a. additional procedures by an individual acceptable to the committee, possibly at the disqualified reviewer's expense;
- b. partial or full additional procedures regarding working papers, covering all related documents underlying the peer review or limited to certain aspects affected by the disqualified reviewer; or
- c. other procedures to determine the impact of the missing qualifications.

.16 Any additional procedures performed due to the missing qualifications

- a. occur within 30 days following the reviewer's decision not to recall the report and
- b. are fully reported on to the committee.

Replacement Review Considerations

.17 For a replacement review related to a material departure, the reviewer

- a. evaluates the systemic cause for the error or omission;
- b. prepares a matter for further consideration (MFC), at minimum; and
- c. ensures the replacement peer review report does not reference a previously issued and recalled report.

.18 If the peer review completion date was within 120 days of notification of the material departure and the original reviewer is allowed to perform additional procedures and issue a revised report, the reviewer submits any additional documentation and any documentation that significantly changed as a result of the additional procedures, including, at a minimum, the following:

- a. A revised Summary Review Memorandum or other memo addressing the omission or error in detail and fully explaining the impact and conclusion on significant peer review aspects, including changes in risk assessment, engagement selection, procedures, evaluation and elevation of matters, recommendations, or report rating
- b. A signed representation letter from the firm, specifically addressing the circumstances regarding information previously omitted or provided in error
- c. A revised report that is dated the date the reviewer obtained enough evidence to conclude on the results of the review with consideration of the newly discovered information and communicates those results to the firm (new exit conference date)

.19 If the peer review completion date is more than 120 days beyond the notification of the material departure, or the hearing panel requires a new review to be performed, the hearing panel may specify the period the replacement review covers. If the panel does not specify a period, the firm and approved reviewer

- a. consider whether it is appropriate for the replacement review to cover the same period or a subsequent period to include the previously omitted engagements considering such factors as
 - i. the significance of and risks related to the omitted information or engagements or subsequently completed engagements,
 - ii. time elapsed,
 - iii. regulatory requirements, and

- iv. the established due date of the firm's replacement review
- b. may consult with the AE to determine an appropriate period for the replacement review to cover.

.20 The following examples can assist when determining the period to be covered by the replacement review:

Example 1. *Firm no longer performs similar engagements (Discovery within 12 months of review year-end; replacement review of same period)*

A firm failed to inform the AE or reviewer that it performed a particular level of service requiring a system review (engagement year-end June 30, 20X1) for the period under review (January 1, 20X1, to December 31, 20X1), and the firm no longer performs that level of service after the period covered by the recalled review. If 12 months or less have elapsed between the period covered by the recalled review and the notification of the material departure (notification made prior to December 31, 20X2), another peer review of the original period (January 1, 20X1, to December 31, 20X1) that includes the level of service that caused the replacement review would be appropriate. If reviewing a subsequent 12-month period would not include the level of service or engagements in question, then a replacement review of a subsequent period may not be appropriate.

Example 2. *Firm no longer performs similar engagements (Discovery more than 12 months after recalled review year-end; replacement review of subsequent period)*

A firm failed to inform the administering entity or reviewer that it performed must-select engagements (engagement year-end June 30, 20X1) for the period under review (January 1, 20X1, to December 31, 20X1), and the firm no longer performs engagements in the same must-select category after the period covered by the recalled review. If more than 12 months have elapsed between the period covered by the recalled review and the notification of the material departure (discovery communicated after December 31, 20X2), a replacement review of a subsequent period that includes the previously omitted engagements within scope would be appropriate. The greater the number of prior-year engagements considered, the greater the risk that the results of the review are not reflective of the peer review year covered by the report and the related peer review results. If several engagements were previously omitted, this may prompt re-performance of the peer review of the original period.

Example 3. *Firm continues to perform similar engagements*

A firm failed to inform the administering entity or reviewer that a particular level of service requiring a system review was performed or neglected to disclose that it performed a must-select engagement (engagement year-end June 30, 20X1) for the period under review (January 1, 20X1 to December 31, 20X1), and the firm has or will continue to perform similar engagements. The replacement review should include the most recently completed engagement similar to those previously omitted. The period covered should consider the time elapsed between the period covered by the previous peer review and the notification of the material departure.

In all the preceding examples, the firm's next peer review will have a due date of three years and six months from the year-end of the replacement review.

PR-C Section 410, *The Report Acceptance Process*

Introduction

Scope of This Section

.01 This section contains requirements and application material for the administering entity (AE), peer review committee (committee), report acceptance body (RAB) and technical reviewers regarding the evaluation and acceptance of all reviews. For purposes of this section, it is assumed that the committee has delegated the report acceptance function to the RAB, whose members may be, but are not required to be, members of the committee. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*, and section 400, *General Principles and Administration Responsibilities*. Additionally, individuals involved in the administration of the program should be familiar with reviewer and firm requirements in the following PR-C sections:

- a. Section 210, *General Principles and Responsibilities for Reviewers — System Reviews*
- b. Section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*
- c. Section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*
- d. Section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*

Effective Date

.02 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objective

.03 The objective of the report acceptance process is to outline the committee's responsibility to ensure that it considers the results of peer reviews it administers that are undertaken to meet the requirements of the program.

Definitions

.04 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Technical Reviewer's Evaluation of System Reviews

.05 The evaluation of a system review should include consideration of the following (as applicable):

- a. Peer review report and letter of response
- b. Firm representation letter

- c. Summary Review Memorandum
- d. Scope and results of engagements selected for review
- e. Matters for further consideration (MFCs)
- f. Findings for further consideration (FFCs)
- g. Disposition of Matters for Further Consideration (DMFC)
- h. Oversight report
- i. The engagement profile and the supplemental peer review checklist for single audits, which includes the explanation of “no” answers and other comments (Ref: par. .A1)
- j. Explanation of no answers for quality control checklists
- k. The firm’s prior
 - i. peer review report and letter of response,
 - ii. FFCs,
 - iii. firm representation letter, and
 - iv. letters detailing required corrective actions or implementation plans
- l. Any other information that may affect the evaluation or results of the review
- m. In addition to consideration of (a)–(l), for reviews administered by the National Peer Review Committee,
 - i. engagement checklists,
 - ii. quality control checklists, and
 - iii. staff or focus group interviews

.06 The evaluation of whether system review documentation provides satisfactory evidence of compliance with the standards and supports the conclusions reached should include considering the following (as applicable):

- a. If an appropriate risk analysis was documented
- b. If the reviewer used a systemic approach
- c. If the peer review documents support any FFCs, deficiencies, significant deficiencies, and the report rating
- d. If the firm’s responses on FFCs or the letter of response are in accordance with standards
- e. If the firm’s actions, planned or taken, to remediate nonconforming engagements appear appropriate and in accordance with professional standards
- f. If the DMFC addresses all MFCs and appears appropriate
- g. If past reviewer performance feedback has an impact on the current review
- h. If the review meets consent agenda criteria as defined in paragraph .11 of section 100, if applicable

.07 For system reviews that require RAB evaluation, the technical reviewer should provide the RAB with the necessary information to properly evaluate the review. (Ref: par. .A2)

Technical Reviewer's Evaluation of Engagement Reviews

.08 The evaluation of an engagement review should include consideration of the following (as applicable):

- a. Peer review report and letter of response
- b. Firm representation letter
- c. Review Captain Summary
- d. Scope and results of engagements selected for review
- e. MFCs
- f. FFCs
- g. DMFC
- h. Oversight report
- i. The firm's prior
 1. peer review report and letter of response,
 2. FFCs,
 3. firm representation letter, and
 4. letters detailing required corrective actions or implementation plans
- j. For reviews with a committee-appointed review team, all peer review working papers
- k. Any other information that may affect the evaluation or results of the review

.09 The evaluation of whether engagement review documentation provides satisfactory evidence of compliance with the standards and supports the conclusions reached should include considering the following (as applicable):

- a. If the engagements selected for review conform to standards
- b. If the report, FFCs, and letter of response are in accordance with standards
- c. If the firm's actions, planned or taken, to remediate nonconforming engagements appear appropriate and in accordance with professional standards
- d. If the DMFC addresses all MFCs and appears appropriate
- e. If past reviewer performance feedback has an impact on the current review
- f. If the review should be presented to the RAB or accepted by the technical reviewer on behalf of the RAB (see paragraph .11)
- g. If the review meets consent agenda criteria as defined in paragraph .11 of section 100, if applicable

.10 For engagement reviews that require RAB evaluation, the technical reviewer should provide the RAB with necessary information to properly evaluate the review. (Ref: par. .A3)

RAB Peer Review Evaluation

.11 The AE should provide meeting materials to RAB members at least seven days in advance of the date of the RAB meeting in order to allow every RAB member adequate time to read the documents and be prepared to discuss the reviews being considered for acceptance. At a

minimum, the following documents, if applicable, should be included to assist the RAB in its evaluation: (Ref: par. .A4–.A5)

- a. Peer review report and letter of response
- b. Firm representation letter
- c. Summary Review Memorandum or Review Captain Summary (for system or engagement reviews, respectively)
- d. Scope and results of engagements selected for review
- e. MFCs
- f. FFCs
- g. DMFC
- h. Oversight report
- i. The technical reviewer's summary and recommendations (which may be documented in the technical reviewer's checklist)
- j. The firm's prior
 - i. peer review report and letter of response,
 - ii. FFCs,
 - iii. firm representation letter, and
 - iv. letters detailing required corrective actions or implementation plans

.12 The RAB's evaluation of each peer review presented for acceptance, including those on the consent agenda, includes consideration of the technical reviewer's recommendations and the following: (Ref: par. .A6–.A7)

- a. Whether the review was performed and reported in accordance with the standards (see section 210 or section 220 for specific requirements)
- b. Whether the reviewed firm's plan to remediate nonconforming engagements is in accordance with professional standards, and for system reviews, consideration of other weaknesses in the firm's system of quality control if the firm's remediation plan is not in accordance with professional standards
- c. Whether matters have been appropriately evaluated in accordance with the standards
- d. Whether FFCs, the report, the firm's representation letter, and the firm's letter of response, if applicable, are in accordance with the standards
- e. Whether corrective actions related to deficiencies or significant deficiencies in the report should be required (see paragraphs .07–.08 of section 420, *Corrective Actions and Implementation Plans*)
- f. Whether an implementation plan related to findings on FFCs should be required (see paragraphs .07–.08 of section 420)

- g. Whether reviewer performance feedback should be issued (see paragraphs .01–.17 of section 430)

Criteria for Delayed or Deferred Acceptance

.13 The RAB should use professional judgment in determining whether it is appropriate to accept or delay or defer acceptance of a peer review.

Delayed Acceptance

.14 The RAB should delay acceptance of a peer review for minor revisions including, but not limited to, the following: (Ref: par. .A8–.A10)

- a. For peer review reports and letters of response:
 - i. Failure to indicate that a deficiency or significant deficiency is repeated from the prior peer review
 - ii. Misleading grammar or excessively ambiguous language
 - iii. Misquoted professional literature
 - iv. References to professional standards unrelated to the subject matter
 - v. For system reviews, failure to identify the industry and level of service for any deficiencies or significant deficiencies that are industry specific or related to a nonconforming must-select engagement
- b. For FFCs:
 - i. References to the applicable professional standards are incorrect or not provided.
 - ii. The MFC that led to the finding is not identified.
 - iii. The type of matter is incorrect.
 - iv. A repeat finding is not identified or is incorrectly identified.
 - v. The scenario that led to the finding is not provided.
 - vi. References to the specific industry or type of engagement related to a nonconforming engagement, if applicable, are not provided.
 - vii. The reviewer’s description of the finding is not clear.
 - viii. The form is not signed by an authorized representative of the firm.
 - ix. For system reviews, references to the applicable requirements of the Statements on Quality Control Standards are incorrect or not provided.
- c. For MFCs:
 - i. Forms are not completed properly or fully.
 - ii. Firm or client references are included on the MFC.

Deferred Acceptance

.15 The RAB should defer acceptance of a review if there are unresolved questions significant enough that no decision can be made until further information is received and for significant revisions including, but not limited to, the following: (Ref: par. .A11–.A13)

- a. For peer review reports and letters of response:
 - i. There are significant departures from the standard report formats.
 - ii. An incorrect ~~type of~~ report rating has been issued or deficiencies or significant deficiencies are omitted.
 - iii. The firm’s letter of response does not appropriately address deficiencies or significant deficiencies.
 - iv. Nonconforming engagements are not appropriately addressed by the firm, including responses that are unacceptably noncommittal, vague, or otherwise unclear or not responsive.
 - v. Deficiencies or significant deficiencies appear to set standards higher than those mandated by professional standards.
 - vi. For system reviews, deficiencies or significant deficiencies are not written systemically or systemic causes are not clear, or the firm’s letter of response to address the systemic cause is vague or noncommittal.
- b. For FFCs:
 - i. The reviewer’s description of the finding is not clear and, on system reviews, does not include the systemic cause of the finding.
 - ii. The reviewed firm’s response does not appear comprehensive, genuine, and feasible.
- c. For any other peer review documents, revisions are necessary for the RAB to conclude whether the review was performed and reported on in accordance with standards.

Application and Other Explanatory Material

Technical Reviewer’s Evaluation of System Reviews (Ref: par. .05 and .07)

.A1 The RAB may delegate the review of the engagement profile and the supplemental peer review checklist for single audits to the technical reviewer if the technical reviewer has completed CPE as required by paragraph .45e of section 400. The technical reviewer may request that a member of the RAB perform the technical review of such documents when the technical reviewer has not obtained the required CPE.

.A2 The technical reviewer may provide information about the following, as applicable, to the RAB to assist them in evaluating a system review (this list is not all-inclusive):

- a. Administrative compliance issues such as

- i. year-end changes,
 - ii. due date extensions,
 - iii. significant delays in presentation,
 - iv. team member qualifications and approvals,
 - v. reviewed firm or reviewer referral database entries, and
 - vi. significant reviewer performance issues
- b. The overall effect of matters, findings, deficiencies, or significant deficiencies on the review results
- c. The reviewer's assessment of peer review risk (including inherent, control, and detection risk) to provide a basis for engagement selections and extent and location of procedures performed
- d. Whether the reviewer identified all matters and appropriately elevated them to findings, deficiencies, or significant deficiencies
- e. Whether the reviewer identified the appropriate systemic causes for any findings, deficiencies, or significant deficiencies
- f. The effect of nonconforming engagements on the review, including
 - i. potential reporting implications,
 - ii. the reviewer's consideration of expansion of scope,
 - iii. the firm's planned or taken remediation, and
 - iv. whether the reviewer adequately considered implications of an unresponsive firm
- g. Recommendations regarding
 - i. acceptance of the review (see paragraphs .13–.15, which address reasons for delayed or deferred acceptance),
 - ii. corrective actions and implementation plans (see paragraphs .07–.08 of section 420),
 - iii. captain or review team feedback (see paragraphs .01–.17 of section 430, *Reviewer Monitoring and Performance*),
 - iv. any oversight procedures,
 - v. expansion of scope, and
 - vi. any other issues the technical reviewer believes warrant RAB evaluation
- h. Firms whose current review and two most recently accepted reviews resulted in a non-pass report (*pass with deficiencies* or *fail*) that may be referred to a hearing panel for failing to comply with the requirements of the program (see paragraphs .35–.39 of section 400, *General Principles and Administration Responsibilities*)
- i. Whether there are any unresolved issues or disagreements that could affect the peer review results
- j. Significant issues identified in electronic data, such as
 - i. the firm's scheduling information and
 - ii. specific risks identified in the firm's practice such as a new must-select industry

Technical Reviewer's Evaluation of Engagement Reviews (Ref: par. .10)

.A3 The technical reviewer may provide information about the following, as applicable, to the RAB to assist them in evaluating an engagement review (this list is not all-inclusive):

- a. Administrative compliance issues such as
 - i. year-end changes,
 - ii. due date extensions,
 - iii. significant delays in presentation,
 - iv. team member qualifications and approvals,
 - v. reviewed firm or reviewer referral database entries, and
 - vi. significant reviewer performance issues
- b. The overall effect of matters, findings, and deficiencies on the review results
- c. The scope of engagements selected for review
- d. Whether the reviewer identified all matters and appropriately elevated them to findings or deficiencies
- e. Nonconforming engagements and the firm's planned or taken remediation
- f. Recommendations regarding
 - i. acceptance of the review (see paragraphs .15–.23, which address reasons for delayed or deferred acceptance),
 - ii. corrective actions and implementation plans (see paragraphs .07–.08 of section 420),
 - iii. captain or review team feedback (see paragraphs .01–.25 of section 430),
 - iv. any oversight procedures, and
 - v. any other issues the technical reviewer believes warrant RAB evaluation
- g. Firms whose current review and two most recently accepted reviews resulted in non-pass reports (*pass with deficiencies* or *fail*) that may be referred to a hearing panel for failing to comply with the requirements of the program (see appendix A, "Failure to Cooperate or Comply With the Requirements of the Program Referral Responsibilities," of section 400)
- h. Whether there are any unresolved issues or disagreements that could affect the peer review results

RAB Peer Review Evaluation (Ref: par. .11 and .12)

.A4 The meeting may be conducted in person or via conference call.

.A5 To further assist with its evaluation, the RAB may request that the engagement profile and the supplemental checklist for single audits, including the explanation of "no" answers and other comments, be included with the materials required by paragraph .11.

.A6 The RAB is authorized to make inquiries or request additional actions it considers necessary in the circumstances to properly evaluate the review. Such inquiries or actions include, but are not limited, to requesting

- a. an expansion of scope,
- b. corrections or clarifications to peer review documents,
- c. all peer review documentation from the team or review captain not previously provided, and
- d. oversight of engagements or peer review documents.

.A7 The RAB may refer difficult or problem reviews to the committee for acceptance or concurrence, or both.

Criteria for Delayed or Deferred Acceptance

Delayed Acceptance (Ref: par. .14)

.A8 The responsibility to approve revised peer review documents may be delegated to the technical reviewer or an individual member of the RAB.

.A9 Requesting revisions to the peer review report is not necessary in the following circumstances:

- a. System review report deficiencies or significant deficiencies contain a reference to the specific number of engagements where the matters were noted rather than using general terms such as *few* or *some*.
- b. Multiple deficiencies or significant deficiencies could have been combined.
- c. Deficiencies or significant deficiencies where the reviewed firm understands the substance and responds appropriately but the deficiency or significant deficiency is not written clearly.

.A10 If the RAB delays acceptance of a review, a letter is sent to the captain and firm to request that the applicable parties revise the identified documents before the peer review can be accepted. The letter also advises the firm that once the RAB is satisfied, the RAB will submit an acceptance letter that may outline certain additional corrective actions, which the firm will be required to acknowledge prior to the review being accepted.

Deferred Acceptance (Ref: par. .15)

.A11 The RAB may also defer acceptance of a review to perform additional procedures to overcome significant concerns regarding the review or reviewer or to request revisions to other documents such as, but not limited to, the following:

- a. Summary Review Memorandum
- b. MFCs
- c. Engagement checklists
- d. Quality control checklists

.A12 When acceptance of a review is deferred, the RAB may also recommend that the report date be revised in circumstances including, but not limited to, the following:

- a. The report rating changed.
- b. FFCs were added.
- c. Substantive additional work was performed.

.A13 If the RAB defers acceptance of a review, a letter is sent to the firm and reviewer informing the parties that the RAB has deferred acceptance of the review because of unresolved issues related to the report and that, once the issues have been resolved, the review will be sent back to a RAB for further consideration.

PR-C Section 420, *Corrective Actions and Implementation Plans*

Introduction

Scope of This Section

.01 This section contains requirements and application material for technical reviewers and report acceptance bodies (RABs) when evaluating the types of corrective actions and implementation plans to recommend and require firms to complete and when evaluating the results of those actions. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*, and section 400, *General Principles and Administration Responsibilities*. Additionally, individuals involved in the administration of the program should be familiar with reviewer and firm requirements in the following PR-C sections:

- a. Section 210, *General Principles and Responsibilities for Reviewers — System Reviews*
- b. Section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*
- c. Section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*
- d. Section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*

Effective Date

.02 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objectives

.03 The objectives of corrective actions and implementation plans are to

- a. offer education and remediation guidance to firms,
- b. provide a mechanism for RABs to monitor firms' remedial actions in response to deficiencies and findings, and
- c. assist in meeting the program's objective of serving the public interest.

Definitions

.04 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Approving Due Date Extension Requests for Corrective Actions or Implementation Plans by Technical Reviewers or the CPA on Staff

.05 Technical reviewers and the CPA on staff should accept due date changes for corrective actions or implementation plans only if (Ref: par. .A1–.A2)

- a. such authority has been granted by the committee,
- b. the firm requested the due date change before the due date, and
- c. the new due date is three months or less from the original due date.

Approving Outside Parties to Perform Corrective Actions or Implementation Plans

.06 The RAB (or its designee) should evaluate whether outside parties should be approved to perform corrective actions and implementation plans based on considerations such as, but not limited to, the following: (Ref: par. .A3)

- a. The significance of the issues identified in the peer review resulting in corrective actions or implementation plans
- b. The nature of the corrective actions and implementation plans
- c. Whether the outside party's firm's most recently accepted peer review report was a pass report
- d. The extent of the outside party's experience
- e. If the outside party is a qualified reviewer, whether the outside party has relevant experience or any performance issues specific to the corrective actions or implementation plan

Determining When and What Type of Corrective Actions or Implementation Plans to Require

.07 The decision to require corrective actions or implementation plans should include

- a. considering the nature and significance of the findings, deficiencies, or significant deficiencies;
- b. evaluating whether the firm's actions taken or planned to remediate nonconforming engagements, if applicable, appear comprehensive, genuine, and feasible; and
- c. considering any actions the reviewed firm has already taken that were reviewed by the reviewer prior to RAB evaluation.

.08 If a finding, deficiency, or significant deficiency relates to an area where prevalent nonconformity has been identified through the AICPA Enhancing Audit Quality Initiative, then specific CPE to address the common areas of noncompliance should be required by the RAB. Either an AICPA course or an alternative course with substantially the same content as the AICPA course should be required by the RAB. (Ref: par. .A4)

.09 In situations in which the RAB concludes a firm should be required to complete corrective actions because of deficiencies or significant deficiencies, determining the nature of corrective actions should include the following: (Ref: par. .A5)

- a. Considering the potential corrective actions in exhibit B, "Suggested Corrective Actions: Engagement Reviews," and exhibit D, "Suggested Corrective Actions: System Reviews," based on the applicable facts and circumstances

- b. For repeat findings, deficiencies, or significant deficiencies, evaluating whether the firm made a genuine effort to correct the prior issue and considering whether a more rigorous or targeted requirement is appropriate (Ref: par. .A6)
- c. For system reviews,
 - i. considering the systemic causes, pattern, pervasiveness, and relative importance to the system of quality control and whether the firm's actions taken or planned to remediate the firm's system of quality control appear comprehensive, genuine, and feasible; and
 - ii. considering prescribing actions that give the firm an opportunity to demonstrate the effectiveness of changes implemented or improvements made (Ref: par. .A7)
- d. For engagement reviews, considering whether the reviewed firm has a sufficient understanding of relevant accounting or reporting matters (or both)

.10 In situations in which the RAB concludes a firm should be required to complete an implementation plan because of findings, determining the nature of the implementation plan should include the following:

- a. Assigning only the allowable implementation plans in exhibit A, "Allowable Implementation Plans: Engagement Reviews," or exhibit C, "Allowable Implementation Plans: System Reviews," based on the applicable facts and circumstances
- b. For repeat findings, evaluating whether the firm made a genuine effort to correct the prior issue and considering whether a more rigorous or targeted implementation plan is appropriate (Ref: par. .A6)
- c. For system reviews, considering the systemic causes, pattern, pervasiveness, and relative importance of findings to the system of quality control and whether the firm's actions taken or planned to remediate the firm's system of quality control appear comprehensive, genuine, and feasible
- d. For engagement reviews, considering whether the reviewed firm has a sufficient understanding of relevant accounting or reporting matters (or both)

.11 If the RAB believes more extensive actions other than the allowable implementation plans in exhibits C and D are necessary (such as submitting documents to an outside party), the RAB needs to consider whether the findings should have been elevated to deficiencies in the report.

Evaluating the Results of Corrective Actions and Implementation Plans

.12 The RAB's (and technical reviewer's) evaluation of the results of corrective actions and implementation plans should include considering the following: (Ref: par. .A8)

- a. Whether such actions have been completed as required
- b. Whether the results indicate additional remediation is in the firm's or the public's best interest
- c. If the actions have not been completed as required, whether this is a failure to cooperate that warrants referral to a board hearing panel for potential termination from the program

.13 The RAB's (and technical reviewer's) evaluation of whether the firm should be required to complete additional actions includes the following: (Ref: par. .A9)

- a. The amount of improvements made by the firm
- b. Whether the firm can continue to make improvements on its own
- c. The reason that improvement was not made as expected
- d. The significance of current issues
- e. The nature and size of the firm's practice, including the number of engagements and personnel and the types of engagements performed
- f. Whether actions were appropriate to remediate findings, deficiencies, or significant deficiencies
- g. Whether the firm had sufficient time to remediate findings, deficiencies, or significant deficiencies

Accepting Certain Corrective Actions and Implementation Plans by the CPA on Staff or Technical Reviewer

.14 The CPA on staff or technical reviewers should accept corrective actions or implementation plans on the committee's behalf only if such authority has been granted and there are clearly identifiable actions or procedures requested of the firm. (Ref: par. .A10)

When Corrective Actions or Implementation Plans Are Replaced, Waived, or Extended

.15 For requests to waive corrective actions or implementation plans, the RAB should first consider replacement options. Corrective actions or implementation plans should not be waived solely because the firm cannot meet the due date or has an upcoming review. (Ref: par. .A11–.A13)

Application and Other Explanatory Material

Approving Due Date Extension Requests for Corrective Actions or Implementation Plans by Technical Reviewers or the CPA on Staff (Ref: par. .05)

.A1 The committee, based on the nature of corrective actions or implementation plans and the background and experience of technical reviewers and the CPA on staff, may authorize those individuals to approve due date changes of corrective actions or implementation plans.

.A2 Technical reviewers and the CPA on staff may submit requests meeting the criteria in paragraph .05 to the RAB for approval based on professional skepticism, taking into consideration experience from the technical review process and the firm's history.

Approving Outside Parties to Perform Corrective Actions or Implementation Plans (Ref: par. .06)

.A3 The committee, based on the nature of corrective actions or implementation plans and the background and experience of technical reviewers and the CPA on staff, may authorize those individuals to approve outside parties to perform corrective actions and implementation plans.

Determining When and What Type of Corrective Actions or Implementation Plans to Require (Ref: par. .07)

.A4 The AICPA courses located on the Peer Review page of the AICPA website provide the content intended to meet this requirement.

.A5 The potential corrective actions in exhibits B and D may be tailored to address deficiencies or significant deficiencies.

.A6 For repeat findings, deficiencies, and significant deficiencies, the RAB may determine that more than 8 hours of CPE is necessary and may require 24 hours, change the nature of the required courses, or require the firm to complete CPE and hire an outside party to review its internal monitoring or inspection report.

.A7 Requiring a firm to take CPE is a common required corrective action; however, the submission of CPE certificates alone does not necessarily give a firm an opportunity to demonstrate the effectiveness of changes implemented or improvements that may reduce the risk the firm will have repeat deficiencies or significant deficiencies. Additionally, for firms with a second consecutive non-pass report (but not a third), the RAB evaluates whether to refer the firm for potential termination based on the results of corrective actions. In such a situation, it may be appropriate to require the firm to take specified types and amounts of CPE and subsequently engage a third party to perform a pre-issuance or post-issuance review of a specific engagement to demonstrate improvement.

Evaluating the Results of Corrective Actions and Implementation Plans (Ref: par. .12 and .13)

.A8 The RAB and administering entity (AE) may recommend to a firm that it request a change in the year-end of its subsequent peer review in situations including, but not limited to, the following:

- a. Significant portions of the firm's practice that would be subject to the firm's subsequent peer review without a year-end change were reviewed by an outside party as part of corrective actions or implementation plans.
- b. The review being evaluated is significantly overdue and there is concern that the firm would not have sufficient time to remediate issues on engagements issued that would be subject to the firm's subsequent peer review without a year-end change.
- c. Due to the nature of the firm's practice, a significant portion of the firm's engagements are not completed and available for review based on the firm's current peer review year-end.

.A9 The results from completed actions may provide more current information to the RAB regarding additional actions that may be more effective in correcting the issues identified in the firm's review.

Accepting Certain Corrective Actions and Implementation Plans by the CPA on Staff or Technical Reviewer (Ref: par. .14)

.A10 Identifiable actions or procedures that may be accepted by the CPA on staff or technical reviewers include, but are not limited to, the following:

- a. Submit proof of CPE taken
- b. Submit proof of purchase of third-party-provided materials
- c. Submit proof of licensure
- d. Submit proof of a specific correction to a nonconforming engagement
- e. Submit a report by an outside party approved by the RAB on the results of actions specified by the RAB where the outside party reports the firm's actions were favorable and additional corrective actions or implementation plans are not considered necessary

When Corrective Actions or Implementation Plans Are Replaced, Waived, or Extended (Ref: par. .15)

.A11 The RAB may request corrective actions or implementation plans that are industry or engagement-type specific but address a firm's noncompliance with its system of quality control policies and procedures. If the firm represents it will no longer perform engagements in a specific industry, the RAB may replace the original request with a new corrective action or implementation plan. For example, if the RAB required a firm to have a pre-issuance review of a for-profit entity subject to the U.S. Department of Housing and Urban Development's (HUD's) uniform financial reporting standards but the firm will no longer perform such engagements, the RAB may require the firm to obtain a pre-issuance review of a single audit.

.A12 The RAB may permit a reviewed firm to undergo an accelerated peer review in lieu of completing corrective actions or implementation plans if the following apply:

- a. The firm has had sufficient opportunity to implement remedial actions prior to the anticipated commencement date of the accelerated review.
- b. The reviewed firm elects, in writing, to have an accelerated review.
- c. The corrective action or implementation plan is
 - i. an outside party's post-issuance review of certain types or portions of engagements,
 - ii. an outside party's review of the firm's remedial actions outlined in its letter of response or the appropriateness of alternative actions, or
 - iii. an outside party's review of the firm's internal inspection or monitoring report.

.A13 Situations in which it may be appropriate to waive corrective actions or implementation plans include, but are not limited to, the following:

- a.* The firm represents it is no longer performing the types of engagements that were the source of the findings or deficiencies, and the systemic cause did not extend to other aspects of the firm's practice.
- b.* The firm has given up its auditing and accounting practice and represents it has no plans to perform audit or accounting engagements in the future.
- c.* A partner leaves the firm, and that partner was the sole source of the engagement type or systemic findings or deficiencies.
- d.* The firm has been sold and is no longer practicing and is not licensed to practice. This does not include mergers or situations in which a firm is no longer in existence and the partners have taken their respective clients to another firm.

Exhibit A — Allowable Implementation Plans: Engagement Reviews

.A14

Finding	Allowable Implementation Plan
Engagements indicate the following: <ul style="list-style-type: none"> • Repeat findings 	<ul style="list-style-type: none"> • Require members of the firm to take specified types and amounts of CPE.
<ul style="list-style-type: none"> • Failure to possess applicable firm licenses 	<ul style="list-style-type: none"> • Require the firm to submit proof of its valid firm licenses.

Exhibit B — Suggested Corrective Actions: Engagement Reviews

.A15

Deficiency	Suggested Actions to Be Performed as Soon as Reasonably Possible
Deficiency	<ul style="list-style-type: none"> • Require members of the firm to take specified types and amounts of CPE. • Require the firm to hire an outside party approved by the RAB to perform a pre-issuance or post-issuance review of certain types or portions of engagements. • Require the firm to hire an outside party approved by the RAB to review the firm’s remediation of nonconforming engagements. • Require the firm to engage an outside party approved by the RAB to review the firm’s completion of its intended remedial actions as outlined in its letter of response or to evaluate the appropriateness of alternative actions. Though not required, this is commonly performed by the review captain. • Require the relevant members of the firm to submit proof of their valid individual licenses.

Exhibit C — Allowable Implementation Plans: System Reviews

.A16

Finding	Allowable Implementation Plan
Nonconforming engagements and <ul style="list-style-type: none"> • initial findings on a must-select industry or • repeat findings for any industry 	<ul style="list-style-type: none"> • Require members of the firm to take specified types and amounts of CPE. • Require the firm to hire an outside party approved by the RAB to perform a pre-issuance or post-issuance review of certain types or portions of engagements. • Require the firm to hire an outside party approved by the RAB to review the firm’s remediation of a nonconforming engagements. • Require the firm to hire an outside party approved by the RAB to review the firm’s completion of its intended remedial actions outlined in its response on the finding for further consideration (FFC) form or to evaluate the appropriateness of alternative actions. • Require the firm to hire an outside party approved by the RAB to review the firm’s internal monitoring or inspection report.
Engagements indicate repeat findings	<ul style="list-style-type: none"> • Require members of the firm to take specified types and amounts of CPE. • Require the firm to hire an outside party approved by the RAB to review the firm’s internal monitoring or inspection report.
Failure to possess applicable firm licenses	<ul style="list-style-type: none"> • Require the firm to submit proof of its valid firm licenses.

Exhibit D — Suggested Corrective Actions: System Reviews

.A17

<u>Deficiency or Significant Deficiency</u>	<u>Suggested Actions to Be Performed as Soon as Reasonably Possible</u>
Deficiency or significant deficiency related to engagement performance	<ul style="list-style-type: none"> • Require members of the firm to take specified types and amounts of CPE. • Allow firm members responsible for the applicable type of nonconforming engagements to pass the related AICPA advanced certificate exam, if applicable, in lieu of CPE. This option is applicable only for firms that have nonconforming engagements in certain industries that were identified in the peer review and for which a related AICPA advanced certificate exists. • Require the firm to hire an outside party approved by the RAB to perform a pre-issuance or post-issuance review of certain types or portions of engagements. • Require the firm to hire an outside party approved by the RAB to review the firm’s remediation of nonconforming engagements. • Require the firm to hire an outside party approved by the RAB to review the firm’s completion of its intended remedial actions as outlined in its letter of response or to evaluate the appropriateness of alternative actions. Though not required, this is commonly performed by the team captain of the peer review. • Require the firm to join an AICPA audit quality center applicable to the type of nonconforming engagements.
Deficiency or significant deficiency related to design of or noncompliance with another element of the quality control system	<ul style="list-style-type: none"> • Require the firm to hire an outside party approved by the RAB to review the firm’s internal monitoring or inspection report. • Require the firm to hire an outside party approved by the RAB to perform a pre-issuance review of certain types or portions of engagements. • Require the relevant members of the firm to submit proof of their valid individual licenses.

Appendix A — Guidance for Outside Parties Engaged to Assist Firms in Completing Corrective Actions and Implementation Plans

.A18 This appendix contains guidance for outside parties engaged to assist firms in completing corrective actions or implementation plans required as a condition of acceptance of the firm's peer review.

Objectives

.01 The objectives of the outside party assisting a firm in the completion of corrective actions or implementation plans are to

- a. objectively determine whether the firm took one or more actions the firm represented it would perform in its letter of response or response to findings for further consideration (FFCs),
- b. evaluate the reviewed firm's compliance with the corrective actions or implementation plan, and
- c. issue a letter that describes the procedures performed and the conclusions reached as a result of those procedures, to enable the report acceptance body (RAB) to conclude on the adequacy of the reviewed firm's corrective actions or implementation plans.

Planning

.02 The outside party should first gain an understanding of the corrective actions or implementation plans agreed to by the firm and the procedures that need to be performed by obtaining and reading

- a. the acceptance letter describing the corrective actions or implementation plans required by the RAB;
- b. the firm's most recent peer review report;
- c. the firm's letter of response, if applicable; and
- d. the FFC forms, if applicable.

.03 The outside party may confirm the appropriateness of the procedures to be performed by contacting the administering entity's (AE's) peer review committee, its RAB, or the technical reviewer. If unsure who to contact, the outside party may contact the AICPA.

Procedures

.04 The outside party should perform procedures outlined in the acceptance letter while considering the elements required to be reported, which are outlined in the subsequent section.

.05 The outside party should discuss the procedures performed and conclusions reached as a result of those procedures with the reviewed firm. During those discussions, the outside party should ask whether the firm plans to implement further corrective actions to address any

deficiencies or significant deficiencies or take additional steps to address any findings noted during the outside party's procedures because they will likely be mentioned in the outside party's letter or report.

Reporting

.06 The outside party should draft a letter or report to the RAB describing the procedures performed and conclusions reached. The letter or report should

- a. be issued on the letterhead of the outside party's firm,
- b. addressed to the AE's RAB with a copy to the reviewed firm, and
- c. include the following elements:
 - i. A description of the corrective actions or implementation plans required by the RAB
 - ii. A description of the representations made by the reviewed firm regarding the changes made by the firm since its most recent peer review
 - iii. A description of the procedures performed by the outside party
 - iv. A summary of the results of the outside party's procedures, including a description of any representations made by the reviewed firm regarding further planned actions and the outside party's comments on the appropriateness of those actions
 - v. A statement that the letter or report is intended for limited distribution to the RAB and the reviewed firm and is not intended as a substitute or replacement for the peer review documents issued on the firm's peer review
 - vi. Information enabling the RAB to evaluate whether the firm has improved
 - vii. For system reviews, recommendations of additional actions if the outside party believes the results reveal continued weaknesses in the reviewed firm's system of quality control

Illustrative Letters

.07 The following letters are for illustrative purposes only. It is recommended, but not required, that the outside party adopt the form of these letters and tailor them to describe the conclusions reached based on the specific procedures performed.

**SAMPLE LETTER ON AN OUTSIDE PARTY'S REVIEW OF A FIRM'S REMEDIAL
ACTIONS — CORRECTIVE ACTIONS**

[*Outside Party's Firm Letterhead*]

May 15, 20XX

[*Name and Address of the Report Acceptance Body*]

Dear Committee Members:

This letter is written to assist [*reviewed firm's name*] in complying with certain actions the firm voluntarily agreed to take in connection with the [*name of the report acceptance body*]'s consideration of acceptance of its 20XX peer review report and response thereto.

The [*name of the administering entity's peer review committee or its report acceptance body*] accepted the firm's 20XX peer review documents with the understanding that the firm agreed to permit an outside party, acceptable to the Committee chair, to:

- a. Review the planning for the firm's 20XX inspection program in advance.
- b. Review the results (with emphasis on those items noted in the 20XX peer review) and the corrective actions taken on the deficiencies or significant deficiencies noted.
- c. Provide a written communication on the firm's inspection to the Committee by September 30, 20XX.

Prior to the firm performing its 20XX inspection, I performed the following procedures:

- a. Reviewed a copy of the firm's 20XX peer review report, finding for further consideration (FFC) forms (if applicable), the firm's letter of response, and the acceptance letter describing the required corrective actions.
- b. Reviewed the firm's inspection planning documentation.

On April 19th, 20XX, after the completion of its 20XX inspection, I performed the following procedures:

- a. Discussed the corrective actions described in its letter of response with the firm to determine if the actions have been fully implemented.
- b. Reviewed the firm's inspection report and underlying documentation of its performance, including the engagement review checklists prepared during the inspection.
- c. Reviewed the working papers of selected engagements with periods ending June 30, 20XX that were included in the inspection and any changes in the firm's quality control materials to evaluate the effectiveness of the inspection and the corrective actions implemented by the firm as a result of its 20XX peer review.
- d. Discussed the inspection results and corrective action plan with the firm and evaluated the feasibility of the firm achieving its plan.

Discussed in the following sections are the results of the procedures I performed and a description of the firm's representations regarding planned corrective actions.

Procedures on the Audit of an Employee Benefit Plan Audit

The firm performed an audit of a defined benefit pension plan subject to ERISA requirements. The firm failed to test participant data and did not obtain a representation letter from its client or the plan administrator. The firm subsequently obtained the missing representation letter and performed the necessary tests. I reviewed this documentation before the firm's peer review documents were presented to the Committee. The firm's letter of response indicated it would obtain an industry-specific audit program and update its library to include AICPA Audit and Accounting Guide *Employee Benefit Plans*.

Results of the Firm's Remedial Actions Related to the Employee Benefit Plan Audit

The firm did not obtain a copy of the AICPA Audit and Accounting Guide and my review of a recently completed employee benefit plan audit subject to ERISA showed an industry-specific audit program was not obtained and used by the firm on the audit. In addition, some key confirmations relating to investment balances were not obtained and alternative procedures were not performed. The partner with responsibility for the engagement indicated that the firm obtained a large new client that took up a lot of time, and as a result, the staff rushed through the ERISA audit using the prior year's working papers.

Planned Corrective Actions Related to Employee Benefit Plan Audits

The firm represented that the AICPA Audit and Accounting Guide and industry-specific practice aids that include model audit programs have been ordered. The firm has subsequently obtained confirmations and/or performed alternative procedures to substantiate the investment balances. I reviewed the additional procedures performed and they are appropriate. In addition, the firm represented that it plans to send its audit staff responsible for conducting employee benefit plan audits to 8 hours of CPE audits of employee benefit plans.

Performance of Audits Subject to *Government Auditing Standards* and the Single Audit Act

The firm performed several audits subject to the Single Audit Act. The firm failed to issue the required reports on internal controls and compliance with laws and regulations, did not document its consideration and testing of the internal control structure, and did not perform the necessary procedures to test compliance with laws and regulations. In addition, the partner responsible for the engagement was not in compliance with the Yellow Book CPE requirement. The firm performed the omitted audit procedures and issued the missing reports which I reviewed before the firm's peer review documents were presented to the Committee. The firm's letter of response stated that the partner would take the necessary CPE.

Results of the Firm’s Remedial Actions Related to Audits Subject to *Government Auditing Standards* and the Single Audit Act

My review of a single audit performed subsequent to the firm’s peer review noted that all required reports were issued on the engagement and that the owner participated in the necessary CPE. However, I was unable to determine the extent of the testing for compliance with laws and regulations because of significant documentation deficiencies. In addition, documentation deficiencies continued to exist with respect to considering and testing the entity’s internal control structure and testing for compliance with the requirements applicable to the federal financial assistance programs.

Planned Corrective Actions Related to Audits Subject to *Government Auditing Standards* and the Single Audit Act

The firm represented that it plans to conduct a training session for partners and staff during the next month on documentation of audit procedures performed. In addition, the firm represented that it will instruct partners to focus on documentation during their review process and will amend the partner review checklist to add this focus.

Reports on Compiled Interim Financial Statements

The deficiency related to the firm’s failure to issue accountants’ compilation reports on monthly computer-generated financial statements. The firm’s letter of response stated that the firm would revise its quality control policies and procedures to require the issuance of compilation reports with the accompanying financial statements.

Results of the Remedial Actions Related to Compiled Interim Financial Statements

The firm adopted a policy requiring the partners to ensure that an accountant’s report accompanies compiled financial statements when those statements are issued to the client. The inspection results indicated that compilation reports were issued with monthly compiled financial statements. However, some of the reports did not disclose that the financial statements were presented using a special purpose framework (cash basis). This reporting error occurred because the firm obtained a copy of the standard compilation report from the reviewer and used it on all of its compiled financial statements. The firm was not familiar with cash basis reporting on Statements on Standards for Accounting and Review Services (SSARS) engagements and did not have any third-party reference material. In addition, the firm’s accounting personnel had not taken any recent CPE courses relating to SSARS engagements.

Planned Corrective Actions Related to Compiled Interim Financial Statements

The firm implemented a reviewer checklist to provide assurance that the proper type of compilation report will be issued and its policies and procedures were revised to require completion of this checklist. In addition, the firm represented that all personnel involved in

preparing and/or reviewing compilation engagements will take 8 hours of CPE on SSARS engagements within the next month. To assess the effectiveness of using the new checklist, the firm represented that it plans to review a sample of compilation reports issued subsequent to the implementation of the checklist.

Summary

The firm's inspection appears to have been comprehensive, suitably designed, and adequately documented, and the results appear to have been effectively communicated to professional personnel. However, the firm's inspection failed to identify the issues previously discussed. As a result, I believe the Committee should further monitor the firm's corrective actions because the results revealed that the firm has failed to adequately implement the corrective actions described in its letter of response. I recommend that the Committee consider requiring the firm to hire an outside third party sufficiently experienced in the industries in which the firm's clients operate to perform a pre-issuance review of the firm's employee benefit plan audits and those subject to *Government Auditing Standards* and the Single Audit Act.

This letter is intended solely for the information and use of the [*name of the administering entity's peer review committee or its report acceptance body*] and the owners of [*reviewed firm's name*], and is not intended as a substitute or replacement for the peer review documents issued on the firm's 20XX peer review.

Sincerely,

[*Outside Party's Signature*]

cc: [*Reviewed Firm's Name*]

**SAMPLE LETTER ON AN OUTSIDE PARTY’S REVIEW OF A SUBSEQUENT
ENGAGEMENT — CORRECTIVE ACTIONS**

[Outside Party’s Firm Letterhead]

October 6, 20XX

[Name and Address of the Report Acceptance Body]

Dear Committee Members:

This letter is written to assist *[reviewed firm’s name]* in complying with certain actions the firm voluntarily agreed to take in connection with the *[name of the report acceptance body]*’s consideration of acceptance of its 20XX peer review report and response thereto.

The *[name of the administering entity’s peer review committee or its report acceptance body]* accepted the firm’s 20XX peer review documents with the understanding that the firm agreed to permit an outside party, acceptable to the Committee chair, to review the report, financial statements, and working papers of an audit engagement issued subsequent to the firm’s peer review and communicate to the Committee in writing on the results of that review by July 31, 20XX.

I performed the following procedures:

- a. Reviewed a copy of the firm’s 20XX peer review report, Finding for Further Consideration (FFC) forms (if applicable), and the firm’s letter of response, and the acceptance letter describing the required corrective actions.
- b. Reviewed the report, financial statements, and working papers for a not-for-profit audit engagement for the period-ended June 30, 20XX issued subsequent to the peer review to determine whether the engagement was performed in accordance with professional standards in all material respects. I documented my review using the AICPA “Not-for-Profit Audit Engagement Checklist.”
- c. Discussed with the firm the review results and the corrective action plan and evaluated the feasibility of the firm achieving its plan.

While performing the procedures, I found some minor incomplete disclosures in the areas of promises to give and collections. The firm represented that it will conduct a “refresher” training session on disclosures for all owners and professional staff and also will instruct owners to focus on disclosures during their review process.

Because only minor matters were found on the engagement I reviewed, I believe no further monitoring of the firm by the *[name of the administering entity’s peer review committee or its report acceptance body]* is necessary at this time.

This letter is intended solely for the information and use of the [*name of the administering entity's peer review committee or its report acceptance body*] and the owners of [*reviewed firm's name*], and is not intended as a substitute or replacement for the peer review documents issued on the firm's 20XX peer review.

Sincerely, _____

[*Outside Party's Signature*]

cc: [*Reviewed Firm's Name*]

PR-C Section 430, *Reviewer Monitoring and Performance*

Introduction

Scope of This Section

.01 This section contains requirements and application material for the administering entity (AE), peer review committee (committee), report acceptance body (RAB), and technical reviewer regarding monitoring reviewer performance. For purposes of this section, it is assumed that the committee has delegated reviewer monitoring responsibilities to the RAB (or other designee) whose members may be, but are not required to be, members of the committee. The requirements and guidance in this section supplement the requirements and guidance in section 100, *Concepts Common to All Peer Reviews*, and section 400, *General Principles and Administration Responsibilities*. Additionally, individuals involved in the administration of the program should be familiar with reviewer and firm requirements in the following PR-C sections:

- a. Section 210, *General Principles and Responsibilities for Reviewers — System Reviews*
- b. Section 220, *General Principles and Responsibilities for Reviewers — Engagement Reviews*
- c. Section 310, *General Principles and Responsibilities for Reviewed Firms — System Reviews*
- d. Section 320, *General Principles and Responsibilities for Reviewed Firms — Engagement Reviews*

Effective Date

.02 The effective date for this standard is for peer reviews commencing on or after May 1, 2022.

Objectives

.03 The objectives of reviewer performance feedback are to

- a. aid reviewers in their performance by documenting specific areas of improvement and
- b. help the AE and AICPA staff in monitoring the performance of the reviewer, including whether there is a pattern of reviewer performance findings.

Definitions

.04 A list of terms applicable to this section are defined in paragraph .11 of section 100.

Requirements

Reviewer Performance

.05 Reviewer performance findings and performance deficiencies should (Ref: par. .A1–.A5)

- a. be documented on a reviewer performance feedback form.
- b. be substantiated by peer review guidance.
- c. include sufficient explanation to ensure the reviewer understands the feedback.
- d. be signed and dated by the RAB, the committee, or a committee member, ~~or the technical reviewer.~~
- e. be approved by the RAB in conjunction with acceptance of the underlying peer review.
- f. be issued to the reviewer no later than the date the reviewer is notified that the underlying peer review was accepted.
- g. be issued regardless of whether the reviewer cooperated in revising documents or responding to questions and regardless of the status of the reviewer, including reviewers currently suspended or subjected to other corrective actions, suspensions, or limited restrictions.

Performance Deficiency Letters

.06 Performance deficiency letters (PDLs) are issued to improve reviewer performance and assist the committee in ensuring reviewers are fulfilling all reviewer responsibilities in the performance of reviews. PDLs should be issued when there is (Ref: par. .A6–.A8)

- a. a pattern of reviewer performance findings by a reviewer or
- b. more than one reviewer performance deficiency on one review (regardless of whether a pattern is present).

.07 A PDL should do the following: (Ref: par. .A9)

- a. State that improvements are needed in the performance of the reviewer.
- b. Include an explanation of the performance deficiencies.
- c. Indicate that the individual must agree to comply with one or more corrective actions or restrictions in order to continue performing reviews, such as, but not limited to, the following:
 - i. Oversight (at the reviewer’s expense) until performance improves
 - ii. Consulting with the AE to discuss the planning and performance of the next review until performance improves
 - iii. Submitting all reports and appropriate documentation on all outstanding peer reviews before scheduling or performing another review
 - iv. Having pre-issuance reviews of the report and peer review documentation on future peer reviews by an individual acceptable to the RAB (at the reviewer’s expense)
 - v. Submitting evidence of completion of specified types of and amounts of CPE or training, or passing the related AICPA advanced certificate exam
 - vi. Removing or revising certain peer reviewer résumé items until appropriate proof of experience and knowledge have been provided to the satisfaction of the RAB

- d. Specify whether any corrective actions or restrictions are specific to the individual's performance as a captain or team member, if applicable.
- e. Indicate that other AEs will impose the preceding corrective actions or restrictions on the reviewer.
- f. Indicate that the committee may request that the board remove the individual's name from the list of qualified reviewers if improvements are not noted in the performance of the reviewer on subsequent reviews, or the reviewer refuses to cooperate, such as by failing to return a signed acknowledgment copy of the letter within 30 days from the date of the letter.
- g. Indicate that the reviewer will be suspended from scheduling reviews and performing reviews that are scheduled but not commenced by all AEs if the reviewer has not acknowledged the letter within 30 days from the date of the letter.
- h. Give the reviewer an opportunity to appeal the decision before a hearing panel of the board, via telephone conference or in writing. (Ref: par. .A9)
- i. Indicate that a request for appeal must be made within 30 days of receipt of the letter and that the actions or restrictions outlined in the letter will remain in effect for all reviews that the reviewer commences, pending the appeal results.
- j. Be copied and sent to the managing partner of the reviewer's firm if the reviewer is not a sole practitioner and be sent to all AEs for which the reviewer is scheduled to perform reviews or has performed a review in the past year.

.08 The entity issuing a PDL should document its communication (either through discussion or email) with the reviewer to ensure the reviewer is knowledgeable about the evidence supporting the PDL. (Ref: par. .A10)

.09 Corrective actions or restrictions included in a PDL should be adhered to by all AEs and applied to the individual's participation in the performance of any peer review unless the condition is specific to the individual's service as a team captain, review captain, or team member. Corrective actions or restrictions included in a PDL should remain in effect for reviews that the reviewer commences after acknowledging receipt of the PDL until either

- a. the corrective actions and restrictions are withdrawn or
- b. the reviewer has appealed the PDL and the hearing panel determines that the corrective actions or restrictions should be removed or revised.

Withdrawal of Actions or Restrictions in a PDL

.10 Only the entity that issued the PDL should withdraw corrective actions or restrictions included in the PDL. The corrective actions or restrictions should be withdrawn once there is evidence supporting fulfillment of any obligations placed upon the reviewer or supporting why the action or restriction is no longer required. If no improvement or a lack of cooperation is evident, the reviewer should be referred to the board for reviewer removal (see paragraphs .13–.17).

Reviewer Removal

.11 The committee should issue a letter to the board recommending that a reviewer be removed from the list of qualified reviewers if the reviewer (Ref: par. .A11–.A14)

- a. refuses to cooperate with the committee or board (for example, by not acknowledging or appealing a PDL within 30 days).
- b. fails to correct performance deficiencies or findings after a corrective action has been required and the reviewer has had sufficient time and opportunity to correct the deficiencies or findings.
- c. has committed an egregious act in the performance of a peer review. (See paragraph .A44 of section 200, *General Principles and Responsibilities for Reviewers.*)

.12 Prior to referring a reviewer to the board for potential removal from the list of qualified reviewers, the AE should ensure the reviewer is fully knowledgeable about the evidence supporting the referral to the board. Such communication (either through discussion or email) should be documented. One objective of this communication is to determine if there is a disagreement between the reviewer and AE. If there is a disagreement, the committee should follow the guidance in section 400, appendix B, “Disagreements.”

.13 Referrals to the board to request removal of an individual from the list of qualified reviewers should be supported by an affirmative vote by a majority of the committee and include all supporting documentation. (Ref: par. .A15)

.14 The letter recommending that a reviewer be removed from the list of qualified reviewers should be sent by a delivery method providing proof of delivery (including electronic means) and should indicate the following:

- a. That the reviewer refuses to cooperate with the committee or board, failed to correct performance deficiencies or findings after a corrective action was imposed, failed to comply with peer review standards and guidance such that reviewer performance deficiencies were noted, or committed egregious acts in the performance of a review
- b. That the board is requested to consider whether the reviewer should be prohibited from performing reviews or whether some other action should be taken
- c. That the board is also requested to suspend the reviewer’s ability to schedule future reviews until this matter is resolved

.15 The request to remove the reviewer from the list of qualified reviewers should include all supporting documentation. (Ref: par. .A15)

Considerations When a Reviewer Is Issued a PDL

.16 Because reviews will be in different stages of completion when a reviewer is issued a PDL, the AE should evaluate the situation and ensure appropriate actions are taken, if any, due to the PDL. (Ref: par. .A16)

Considerations When a Reviewer Is Removed From the List of Qualified Reviewers

.17 Because reviews performed by a reviewer will be in different stages of completion when the board removes the reviewer from the list of qualified reviewers, the AE should evaluate the situation and ensure appropriate actions are taken, if any, due to reviewer removal. (Ref: par. .A17)

Performing in a Timely and Professional Manner

.18 If a reviewer fails to timely and professionally submit peer review documentation (see paragraphs .A39–.A41 of section 200), the AE should suspend the reviewer from scheduling peer reviews within its jurisdiction. Prior to starting the suspension process, the AE should first confirm that it is the reviewer, not the reviewed firm that is failing to perform in a timely and professional manner. If there is a disagreement between the reviewer and reviewed firm, procedures in appendix B of section 400 are followed to resolve the disagreement. (Ref: par. .A18–.A19)

.19 Reviewer suspensions should not preclude the reviewer from

- a. performing already approved and scheduled reviews;
- b. receiving reviewer performance feedback or other communications, if warranted; or
- c. being suspended for failing to timely and professionally submit peer review documentation related to another review.

Reviewer Qualifications

.20 The AE should inform AICPA staff if the AE becomes aware that a reviewer no longer possesses one or more qualifications of a reviewer. (Ref: par. .A20–.A21)

.21 If the AE contacts a firm because its reviewer no longer meets qualifications and the reviewer has not contacted the firm (or team captain) to inform the firm that the reviewer will not be able to perform or continue to perform the firm’s peer review, the AE should not provide details or explanation of the reason to the firm. It should be at the reviewer’s discretion to discuss details with the firm if the reviewer chooses to do so. (Ref: par. .A22–.A23)

Considerations When a Reviewer Is Ineligible to Schedule or Perform Reviews

.22 Because reviews performed by a reviewer will be in different stages of completion when the reviewer is determined to be ineligible to schedule or perform reviews, the AE should consider the situation and ensure appropriate actions are taken, if any, due to reviewer ineligibility. (Ref: par. .A24)

Allegations or Investigations

.23 The AE and RAB should consider and investigate, as deemed necessary, whether any actions (such as oversight) on the reviewer or reviewing firm are appropriate to overcome any concerns due to the allegations or investigations. (Ref: par. .A25)

Limitations or Restrictions

.24 The AE should comply with any actions placed on reviewers and firms due to limitations or restrictions. (Ref: par. .A26–.A29)

.25 Because reviews performed by a reviewer will be in different stages of completion when a reviewer or reviewing firm become restricted or limited, the AE should evaluate the situation and ensure appropriate actions are taken, if any, due to limitations or restrictions. (Ref: par. .A30)

Reviewers That Consider Withdrawing From a Peer Review After the Commencement of the Review

.26 When a reviewer withdraws from a peer review after the review has commenced (based on the definition of *commencement* in section 100), the AE should evaluate whether the situation is a matter of firm noncooperation or reviewer performance and take appropriate action. (Ref: par. .A31–.A32)

Application and Other Explanatory Material

Reviewer Performance (Ref: par. .05)

.A1 Recommendations for reviewer performance feedback may be made by the technical reviewer, the board, or staff via the technical review process or other means such as oversight.

.A2 Examples of reviewer performance findings that may be documented on a reviewer performance feedback form include, but are not limited to, the following:

- a. Related to planning, the reviewer did not
 - i. obtain team member approval timely.
 - ii. obtain a sufficient understanding of the firm’s accounting and auditing practice or system of quality control, resulting in the need to perform additional work after the working papers were submitted to the AE.
 - iii. address significant differences between the background information provided to the AE during scheduling and the information that the firm provided to the reviewer that would have affected peer review planning or procedures.
 - iv. adequately document a comprehensive risk assessment for the system review and additional clarification was necessary after working papers were submitted to the AE.
- b. Related to engagement selection and review, the reviewer
 - i. did not select a sufficient or appropriate scope of engagements for review; this includes selecting too many engagements on an engagement review.
 - ii. did not properly select the “surprise” engagement.
 - iii. did not provide sufficient documentation of reasoning for the surprise selection.
 - iv. identified all significant issues in an engagement but did not appropriately conclude on whether an engagement was nonconforming prior to technical review, oversight, or RAB consideration.

- c. Related to the assessment and disposition of matters, the reviewer did not
 - i. appropriately identify matters, findings, deficiencies, or significant deficiencies that would rise to the level of performance deficiencies.
 - ii. appropriately dispose of matters noted on the review.
 - iii. properly consider or document the need to expand scope to other engagements or functional areas.
 - iv. appropriately aggregate or evaluate matters noted on the review.
- d. Related to the completion of findings for further consideration (FFCs), the reviewer did not
 - i. write findings systemically in a system review.
 - ii. sufficiently complete or write FFCs or evaluate the firm's response.
 - iii. properly identify a repeat finding.
- e. Related to reporting, the reviewer did not
 - i. provide sufficient working papers or documentation to support the report rating.
 - ii. present the report in standard form in accordance with peer review guidance, or significant revisions to the report were needed.
 - iii. properly review and evaluate the reviewed firm's letter of response prior to its submission to the AE.
 - iv. properly identify a repeat deficiency.
- f. Related to completion and submission of working papers, significant revisions to the working papers were needed or the reviewer did not
 - i. comprehensively complete peer review documentation.
 - ii. properly report engagement statistics.
 - iii. properly discuss consideration of a nonconforming engagement including consideration of the reviewed firm's response.
 - iv. use appropriate practice aids that follow current templates, materials, and checklists.

.A3 Examples of reviewer performance deficiencies that may be documented on a reviewer performance feedback form include, but are not limited to, the following:

- a. Related to engagement selection and review, the reviewer did not
 - i. appropriately identify a nonconforming engagement prior to technical review, oversight, or RAB consideration.
 - ii. demonstrate sufficient knowledge and experience required to review the engagement and identify issues prior to technical review, oversight, or RAB consideration.
- b. Related to assessment and disposition of matters, the reviewer did not appropriately aggregate or evaluate matters noted on the review such that the RAB determined
 - i. a deficiency was present but the reviewer did not elevate the matter beyond a matter for further consideration (MFC) or
 - ii. a significant deficiency (or a *fail* report rating on an engagement review) was present but the reviewer did not elevate the matter beyond an FFC.

.A4 Less critical reviewer performance matters may be provided informally, such as in an email or a call from the technical reviewer; however, the aggregation of less critical performance

matters may warrant the issuance of a reviewer performance feedback form. Less critical matters include, but are not limited to,

- a. a checklist was not signed by the team captain,
- b. a reviewer's handwriting was difficult to read, or
- c. the peer review documents needed one minor revision.

.A5 Team member feedback may affect the team captain. For example, if the team member receiving performance feedback did not identify the matters on the checklist that would have informed the team captain to consider the issues, feedback for the team captain is not necessary. However, if the team member identified significant "no" answers on the checklists but did not properly conclude on the engagement, and the team captain did not question the conclusion, reviewer performance feedback for both individuals would be appropriate.

Performance Deficiency Letters (Ref: par. .06-.08)

.A6 If a reviewer's performance on a review is considered egregious, a PDL may be issued or the reviewer may be referred to the board for potential removal from the list of qualified reviewers. (See "[Reviewer Removal](#)").

.A7 Determining whether there is a pattern of reviewer performance findings that warrants a PDL is a matter of professional judgment. The assessment includes considering the recentness, nature, and pervasiveness of the issues, factoring in the volume of reviews performed by the reviewer. For example,

- a. a pattern of performance findings may be present when a low-volume reviewer performs three reviews each peer review cycle and reviewer performance findings were noted for all three in that cycle.
- b. a pattern of performance findings may not be present when a high-volume reviewer performs over 100 reviews each peer review cycle and reviewer performance findings were noted on three of the reviews in that cycle.

.A8 If AICPA staff become aware of a pattern of reviewer performance findings or reviewer performance deficiencies (regardless of whether a pattern is present) by a particular reviewer, staff will consult with the affected AEs to determine whether a PDL is being drafted. If no PDL is being drafted or will be drafted, staff may refer the reviewer performance issue to the board. The board's process for issuing the PDL is consistent with the process at the AE level.

.A9 Details of the appeal process are covered in [appendix A, the "AICPA Peer Review Board Rules of Procedures for Reviewers,"](#) [which are maintained on the AICPA website of section 200.](#)

.A10 Evidence supporting the issuance of a PDL may include, but is not limited to,

- a. suspensions for failure to perform in a timely and professional manner,
- b. reviewer performance feedback forms,
- c. other PDLs, and

- d. results of oversight.

Reviewer Removal (Ref: par. .11, .13, and .15)

.A11 The committee may also recommend that a reviewer be removed from the list of qualified reviewers if the reviewer

- a. fails to comply with peer review standards and guidance such that reviewer performance deficiencies or a pattern of reviewer performance findings is noted.
- b. fails to submit documentation to support the experience reflected on the reviewer's résumé.
- c. fails to perform in a timely and professional manner, resulting in suspension.

.A12 The board may remove the reviewer's name from the list of qualified reviewers or require some other actions based on the facts and circumstances presented.

.A13 AICPA staff will consult with the affected AEs to determine whether a letter requesting the reviewer be removed from the list of qualified reviewers is being drafted if AICPA staff become aware that a reviewer

- a. refuses to cooperate with the committee or board.
- b. failed to correct performance deficiencies or findings after a corrective action had been imposed.
- c. failed to comply with peer review standards such that reviewer performance deficiencies or a pattern of reviewer performance findings is noted.
- d. committed egregious acts in the performance of a review.

If no letter is being drafted or will be drafted by the AE, staff may refer the matter to the Oversight Task Force (OTF), which will consider the need to refer the reviewer to the board for potential removal from the list of qualified reviewers. The process for the OTF is consistent with the process at the AE level.

.A14 A reviewer may apply for reinstatement as a reviewer by writing a letter to the board. Reinstatement may be granted at the discretion of the board chair (or designee) no sooner than three years after the date the reviewer was removed from the list of qualified reviewers. If approved for reinstatement, the reviewer will be sent a letter indicating that the reviewer is able to schedule and perform reviews. It is expected that those reviewers who are granted reinstatement will be required to undergo corrective actions and may be subject to restrictions to be determined by the board chair (or designee). Those required actions or restrictions will also be detailed in the letter.

.A15 Documentation supporting removal from the list of qualified reviewers includes, but is not limited to,

- a. reviewer performance feedback forms issued,
- b. deficiency letters,
- c. results of oversight,

- d. information from other communications (whether verbal or written),
- e. notes from committee and RAB meetings, and
- f. a timeline outlining the various communications.

Considerations When a Reviewer Is Issued a PDL (Ref: par. .16)

.A16	
Considerations When a Reviewer Has Restrictions or Corrective Actions Imposed via a PDL Not Acknowledged by the Reviewer	
Situation	Action
The PDL has not been acknowledged or appealed within 30 days of the date of the letter (or an agreed-upon extended due date).	The reviewer is restricted from scheduling and performing reviews that have been scheduled but not commenced.
The PDL has not been acknowledged or appealed and the review commenced.	Because the corrective actions cannot be imposed prior to acknowledgment or appeal from the reviewer, consider oversight on the review. If oversight is not performed, consider a full technical review of all working papers related to the peer review.
Considerations When a Reviewer Has Restrictions or Corrective Actions Imposed via a PDL Acknowledged by the Reviewer	
Situation	Action
The PDL requires oversight or a pre-issuance review and the technical reviewer has not submitted the review for RAB consideration.	The action in the PDL is adhered to by all AEs. Notify the firm if fieldwork has been completed and the action will delay the acceptance of the review.
The PDL requires oversight or a pre-issuance review but the technical reviewer has already submitted the review for RAB consideration.	Consider deferring acceptance of the review until oversight procedures can be performed. If oversight is not performed, consider a full technical review of all working papers related to the peer review. Based on the circumstances, the firm may be contacted to discuss the situation.
The PDL requires oversight or a pre-issuance review and the review has already been accepted but the acceptance letter has not been sent.	Consider delaying sending the acceptance letter until oversight or a full technical review of all working papers can be performed. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of the results. Based on the circumstances, the firm may be contacted to discuss the situation.
The PDL requires oversight or a pre-issuance review but the review has already been accepted, the acceptance letter has been sent, and the working papers are within the document-retention period.	Consider oversight or a full technical review of all working papers related to the peer review. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of the results.

<p>The PDL requires oversight or a pre-issuance review and the review has already been accepted and the acceptance letter has been sent, but the working papers are not within the document-retention period.</p>	<p>Contact AICPA staff to discuss the impact on reviews performed by the reviewer.</p>
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Considerations When a Reviewer Is Removed From the List of Qualified Reviewers (Ref: par. .17)

.A17	
Considerations When a Reviewer Is Removed From the List of Qualified Reviewers	
<u>Situation</u>	<u>Action</u>
<p>The review has not commenced.</p>	<p>If the reviewer fails to contact the reviewed firm to withdraw from the review within five business days of being notified of removal, the AE may contact the firm to inform it that the reviewer will not be able to perform the firm’s review. Only the reviewer is authorized to provide details or explanation of the reasons why the reviewer is unable to perform the review.</p>
<p>The review has commenced but fieldwork is not complete.</p>	<p>The reviewer is not eligible to complete the review. The firm needs to reschedule the review.</p>
<p>Fieldwork is complete but the technical reviewer has not submitted the review for RAB consideration.</p>	<p>Consider whether any oversight procedures should be performed. If oversight is not performed, consider a full technical review of all working papers related to the peer review. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u></p>
<p>The technical reviewer has submitted the review for RAB consideration.</p>	<p>Consider deferring acceptance of the review until oversight procedures can be performed. If oversight is not performed, consider a full technical review of all working papers related to the peer review. Based on the circumstances, the firm may be contacted to discuss the situation. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u></p>
<p>The review has been accepted but the acceptance letter has not been sent.</p>	<p>Consider delaying sending the acceptance letter until oversight or a full technical review of all working papers can be performed. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of the results. Based on the circumstances, the firm may be contacted to discuss the situation. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u></p>
<p>The review has been accepted, the acceptance letter has been sent, and the working papers are within the document-retention period.</p>	<p>Consider oversight or a full technical review of all working papers related to the peer review. Based on the results of any procedures, consider contacting AICPA staff (who may consult legal counsel) regarding the impact of the results. <u>Do</u></p>

	<u>not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
The review has been accepted and the acceptance letter has been sent, but the working papers are not within the document-retention period.	Contact AICPA staff (who may contact legal counsel) to discuss the impact on reviews performed by the reviewer.

Performing in a Timely and Professional Manner (Ref: par. .18)

.A18 The AE or AICPA staff may refer the reviewer to the board for national suspension. The technical director of the program (or designee) will determine if it is appropriate to form a hearing panel to consider the suspension.

.A19 A reviewer may appeal a suspension; however, the appeal does not lift nor delay the suspension. If the reviewer appeals a suspension, the technical director of the program (or designee) will determine if it is appropriate to form a hearing panel to consider the suspension appeal.

Reviewer Qualifications (Ref: par. .20 and .21)

.A20 When it comes to the attention of AICPA staff that a reviewer may not meet all qualifications required by the standards, staff will contact the reviewer to validate the qualifications that the reviewer may no longer possess. The reviewer is expected to respond to such communication within the requested time and may be able to continue to schedule and perform reviews if the reviewer can provide proof of meeting the qualifications and in certain other situations. Situations in which it may be determined that the reviewer should still be eligible to schedule and perform reviews include, but are not limited to, the following:

- a. The reviewer’s firm has not had its most recent peer review completed by the due date; however, the peer review working papers have been submitted and the peer review is scheduled to be presented for acceptance.
- b. An engagement within the reviewer’s firm’s peer review has been selected for oversight.
- c. The firm’s records or offices have been severely damaged or destroyed because of a natural disaster or catastrophe.
- d. The firm was granted an extension so a major engagement can be completed and be subject to review.
- e. The firm was granted an extension to complete an initial engagement where there is no comparable engagement to review (such as a new must-select engagement).

.A21 If AICPA staff confirm the individual does not currently possess all reviewer qualifications, the individual is notified that the individual is prohibited from scheduling or performing reviews nationally. The individual remains ineligible until either

- a. AICPA staff or the board approves documented evidence that the reviewer possesses all the qualifications required of a reviewer or

- b. the reviewer appeals the ineligibility letter and a hearing panel determines that the reviewer possesses all reviewer qualifications.

.A22 Once AICPA staff receive evidence of compliance with reviewer qualifications, staff will

- a. approve reinstatement for certain ineligibility reasons or
- b. send evidence to three board members requesting approval to allow the reviewer to continue performing reviews.

.A23 AICPA staff may approve reinstatement if evidence is received that the following ineligibility reasons have been rectified:

- a. The reviewer’s AICPA membership had lapsed or was suspended.
- b. The reviewer’s firm’s peer review was not accepted within the last three years and six months.
- c. The reviewer’s firm’s most recently accepted peer review resulted in a report rating of *pass with deficiencies* or *fail*.

Considerations When a Reviewer Is Ineligible to Schedule or Perform Reviews (Ref: par. .22)

.A24	
Considerations When a Reviewer Is Deemed Ineligible to Schedule or Perform Reviews	
Situation	Action
The review has not commenced.	The reviewer is not eligible to perform the review. If the reviewer fails to contact the reviewed firm to reschedule or withdraw from the review, the AE may contact the firm to inform the firm that the reviewer will not be able to perform the firm’s review. For instance, if a reviewer is notified that the reviewer is not qualified to schedule or perform peer reviews on May 1 and a review scheduled to commence on May 15 is not rescheduled by May 7, the AE may inform the firm that “its reviewer cannot perform the review at this time, and if further information is required, please contact your peer reviewer.” Only the reviewer is authorized to provide details or explanation of the reasons why the reviewer is unable to perform the review.
The reviewer commenced the review after being deemed ineligible.	The reviewer is referred to the board for removal from the list of qualified reviewers (see paragraphs .20–.24).
The review has commenced but fieldwork is not complete.	Consider whether the remaining fieldwork needs to be performed by an eligible reviewer or whether any oversight procedures need to be performed.
Fieldwork is complete but the technical reviewer has not submitted the review for RAB consideration.	Consider whether any oversight procedures need to be performed. If oversight is not performed, consider a full technical review of all working papers related to the peer review. Do not destroy the working papers until all

	<u>procedures have been performed and a resolution has been reached.</u>
The technical reviewer has submitted the review for RAB consideration.	Consider deferring acceptance of the review to perform oversight or a full technical review of all working papers. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of results. Based on the circumstances, the firm may be contacted to discuss the situation. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
The review has been accepted but the acceptance letter has not been sent.	Consider delaying sending the acceptance letter to perform oversight or a full technical review of all working papers. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of results. Consider contacting the firm to discuss the situation. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
The review has been accepted, the acceptance letter has been sent, and the working papers are within the document-retention period.	Consider performing oversight or a full technical review of all working papers. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of results. Do not destroy the working papers until all procedures have been performed and a resolution has been reached. Based on the circumstances, the firm may be contacted to discuss the situation.
The review has been accepted and the acceptance letter has been sent, but the working papers are not within the document-retention period.	Contact AICPA staff to discuss the impact the missing qualifications may have on reviews performed by the reviewer.
A reviewer is suspended for failing to verify résumé information.	Consider performing oversight procedures on reviews that have been submitted to the AE. For reviews that have been accepted within the document-retention period, consider performing oversight. Discuss the results with the reviewer if the results of the oversight indicate that the reviewer had performance issues. If the reviewer is unable to justify the reviewer's conclusions by citing professional standards, this may indicate reviewer performance deficiencies or findings. If there is concern about the reviewer's performance, contact AICPA staff to discuss the situation. Consider contacting the firm to discuss the situation.

Allegations or Investigations (Ref: par. .23)

.A25 Allegations or investigations do not automatically mean a reviewer is ineligible to perform reviews; however, there may be situations in which the AE or RAB conclude that the nature,

significance, or pervasiveness of the alleged deficiencies or an already-existing preponderance of evidence necessitate immediate action to overcome any concerns.

Limitations or Restrictions (Ref: par. .24–.25)

.A26 Reviewers and firms may be subject to limitations or restrictions by a regulatory body that affect their ability to practice or perform peer reviews. Examples include

- a. constraint of scope or volume of accounting and auditing engagements,
- b. required periodic reporting to the regulatory body,
- c. pre-issuance reviews of engagements, or
- d. additional peer review or professional education requirements.

.A27 If a limitation is placed on a reviewer or reviewer's firm that limits the reviewer's ability to practice public accounting, the board will evaluate whether the reviewer is qualified to perform peer reviews or should be restricted from reviewing specific industry or engagement types. The evaluation will include the status of any reviews that the reviewer and firm are or were associated with since the date of the notification by a government or regulatory authority.

.A28 Because reviews performed by a reviewer may be in different stages of completion when AICPA staff receive notification or knowledge of a limitation or restriction on a reviewer or reviewing firm, the board will consider various factors in determining if any reviews need to be

- a. rescheduled,
- b. subject to oversight or other additional procedures, or
- c. if a new review should be performed.

.A29 Factors that the board will consider include, but are not limited to, the following:

- a. The type of peer review and the role of the peer reviewer for each preceding review
- b. The date of notification to the reviewer and reviewing firm by a government or regulatory authority of the limitation or restriction in comparison with the date of notification from the reviewer and firm to the AICPA staff
- c. Whether the reviewer and firm appropriately and timely notified AICPA staff of the limitation or restriction
- d. Whether the reviewer and firm scheduled reviews without notifying AICPA staff of such limitations or restrictions
- e. Whether the limitation or restriction is related to a particular type of service (tax versus audit and attest or audits, reviews, or compilations); industry oversight; regulatory oversight, such as engagements falling under the purview of a particular regulator; or state board of accountancy oversight
- f. Whether the limitation or restriction is permanent or indefinite in duration (that is, the reviewing firm is restricted from performing audits until the firm complies with some requirement, but the firm has chosen to no longer perform audits, so the limitation or restriction will always be there)
- g. Whether the limitation or restriction is temporary

- h. The history of qualification, performance, and noncooperation matters and any other information relevant to these matters
- i. Any documents that describe violations of professional standards as well as the reviewer’s peer review history

.A30	
Considerations When a Reviewer or Reviewer’s Firm Becomes Restricted or Limited	
Situation	Action
The review has not commenced — Total restriction	The reviewer is not eligible to perform the review because of the total restriction. If the reviewer fails to contact the reviewed firm to withdraw from the review, the AE may contact the firm to inform the firm that the reviewer will not be able to perform the firm’s review. Only the reviewer is authorized to provide details or explanation of the reasons why the reviewer is unable to perform the review.
The review has not commenced — Limited restriction	Ensure the review team is reconfigured to comply with the limited restriction, if applicable. For example, if a reviewer’s limited restriction is that the reviewer is restricted from reviewing employee benefit plans, a team member with appropriate qualifications may be added to review that engagement, if applicable.
The review has commenced but fieldwork is not complete.	Consider whether any oversight procedures should be performed. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
Fieldwork is complete but the technical reviewer has not submitted the review for RAB consideration.	Consider deferring acceptance of the review until oversight procedures can be performed. If oversight is not performed, consider a full technical review of all working papers related to the peer review. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
The technical reviewer has submitted the review for RAB consideration.	Consider whether oversight procedures need to be performed. If oversight is not performed, consider a full technical review of all working papers related to the peer review. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of the results. Based on the circumstances, the firm may be contacted to discuss the situation. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
The review has been accepted but the acceptance letter has not been sent.	Consider delaying sending the acceptance letter until oversight or a full technical review of all working papers can be performed. Based on the results of any procedures, consider contacting AICPA staff (who may consult legal counsel) to discuss the impact of the results. Based on the circumstances, the firm may be contacted to discuss the

	situation. <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u>
The review has been accepted, the acceptance letter has been sent, and the working papers are within the document-retention period.	Consider oversight or a full technical review of all working papers related to the peer review. Based on the results of any procedures, consider contacting AICPA staff to discuss the impact of the results. Do not destroy the working papers until all procedures have been performed and a resolution has been reached.
The review has been accepted and the acceptance letter has been sent, but the working papers are not within the document-retention period.	Contact AICPA staff to discuss the impact the limitation or restriction may have on reviews performed by the reviewer.

Reviewers That Consider Withdrawing From a Peer Review After the Commencement of the Review (Ref: par. .26)

.A31 Reasons a reviewer may withdraw from the peer review include, but are not limited to,

- a. poor health,
- b. not receiving the required documents from the reviewed firm within a reasonable time frame (or other lack of cooperation),
- c. personality conflicts with the reviewed firm that cannot be overcome,
- d. not meeting the requirements to be a peer reviewer after the fieldwork on a peer review has commenced.

.A32 Withdrawing may lead to some issues that will need to be resolved solely by the peer reviewer and firm. Other issues (based on the validity and types of reasons) may relate to firm noncooperation or reviewer performance. Appropriate actions include, but are not limited to, the following:

- a. Evaluating reviewer performance in accordance with paragraphs .05–.17 and acting accordingly, if applicable
- b. Evaluating reviewer cooperation with paragraphs .29–.32 of section 200 and acting accordingly, if applicable
- c. Evaluating the firm’s compliance with paragraphs .13–.18 of section 300, *General Principles and Responsibilities for Reviewed Firms*, and acting according to section 400, appendix A, “Failure to Cooperate or Comply With the Requirements of the Program Referral Responsibilities,” if applicable

#	Identified By	Comment or suggestion	STF recommendation
1 <u>Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office</u>			
	LCPA	<ul style="list-style-type: none"> Opposes change, noting risk assessment could reduce the on-site procedures to a level below the current requirement, but not to the extent that all procedures are performed offsite 	<p>No change to proposal is recommended.</p> <p>Reviewers are expected to perform assessment of peer review risk to determine the extent of procedures performed on-site.</p> <p>Because reviewer judgment is a critical component to peer review risk assessment, any guidance would likely need caveat that conclusions depend on facts and circumstances.</p> <p>The STF believes that concerns expressed by PICPA and NASBA can be addressed through training and other resource development.</p>
	PICPA	<ul style="list-style-type: none"> Split on proposed change; suggests the board to (1) develop a list of risk-based criteria that reviewers should have to evaluate in deciding to perform a review off site, and (2) provide guidance for AEs to determine when TC rationale is insufficient and whether it is appropriate to require the reviewer to go on-site. 	
	NASBA	<ul style="list-style-type: none"> Does not state opposition but does indicate that different risk factors could drive whether the review should take place at the reviewed firm's office. It would be beneficial to enumerate risk factors to be considered as they have been elsewhere in the proposed standards. 	
2 <u>Change to the Requirements for Onsite Office Visits in System Reviews</u>			
	LCPA	<ul style="list-style-type: none"> Opposes change (no additional explanation) 	<p>No change to proposal is recommended.</p> <p>Reviewers would consider potential need for visiting certain offices as part of assessing peer review risk, and the nature of specific engagements would be a consideration in selecting a particular office.</p>
	Keyser	<ul style="list-style-type: none"> Opposes change, citing insight gained from informal in-person interactions 	
	NASBA	<ul style="list-style-type: none"> Does not state opposition – The enumerated risk factors identified in .A13 and .A14 are helpful to the evaluation process; however, believe that the risk factors to influence a reviewer's decision to visit or select engagements from a particular office in .A14 should focus primarily on the type of work being performed instead of the composition or demographics of the office locations. 	
3 <u>Removal of the Requirement for Surprise Engagements in System Reviews</u>			

#	Identified By	Comment or suggestion	STF recommendation
	Keyser	<ul style="list-style-type: none"> Opposes change, citing KPMG as example with obtaining advance knowledge of selections for PCAOB inspections. 	<p>No change to proposal is recommended.</p> <p>Peer reviewers are expected to consider risks of the firm being reviewed, which includes whether an electronic workpaper system is in place and whether previous events (i.e. risks) exist that would suggest a surprise engagement would be necessary. The KPMG example would be relevant in a peer review if the peer reviewer selected engagements far enough in advance where the peer reviewer knew the engagements to be selected, but the firm did not. This is not typically the case in a peer review.</p>
	VA BOA	<ul style="list-style-type: none"> Opposes change, suggesting the requirement to remain for firms that do not use electronic workpapers. 	
	LCPA	<ul style="list-style-type: none"> Opposes change (no additional explanation) 	
	NASBA	<ul style="list-style-type: none"> The guidance appears to place a high degree of reliance on the lockdown features of audit workpaper software. We note that, unlike other topic areas, there are no risk factors included for audit workpaper software. We recommend that such risk factors be included. We offer two points of caution in this area and recommend that additional guidance for reviewers be considered. First, there still remain audit engagements that utilize manual workpapers. The workpapers for such engagements would clearly not be able to be locked down in the same manner as electronic workpapers. Guidance should be provided for storage and lockdown considerations for manual workpaper engagements. Second, there should be significant professional skepticism employed even when the lockdown features of electronic workpapers are represented as being employed. Reviewers should satisfy themselves that such lockdown features exist and have been appropriately implemented. 	
4	<u>Removal of the Term “Significant Deficiency” in Engagement Reviews</u>		
	None	<ul style="list-style-type: none"> No opposing views expressed. 	No change to proposal is recommended.
5	<u>Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings</u>		

Agenda Item 1.2B

#	Identified By	Comment or suggestion	STF recommendation
	Heidenreich	<ul style="list-style-type: none"> Opposes removal of the requirement due to complexity of the engagements and proposes to require that the engagement profile be included in RAB materials. 	<p>No change to proposal is recommended.</p> <p>Significant discussion resulted from the respondents' comments, however the task force concluded that it would be appropriate to proceed with removing the requirement.</p> <p>Considerations in reaching this conclusion included</p> <ul style="list-style-type: none"> the documents will continue to be required submissions with other system review working papers, no evidence that a pervasive issue is being mitigated by providing the documents to a RAB, the documents are reviewed by technical reviewers before being provided to a RAB, who are now required to take specific training on the subject matter beginning in 2022, and an AE is not precluded from providing the documents to its RAB if it elects to do so.
	VA BOA	<ul style="list-style-type: none"> Opposes removal of the requirement noting it strengthens the peer review process. 	
	PICPA	<ul style="list-style-type: none"> Opposes removal of the requirement due to complexity of the engagements and proposes to require the engagement profile to be included in RAB materials. 	
	LCPA	<ul style="list-style-type: none"> Opposes removal noting technical reviewer experience is not the same level as those serving on a RAB. 	
	CalCPA	<ul style="list-style-type: none"> Opposes removal of the requirement due to complexity of the engagements and proposes to require that the engagement profile be included in RAB materials. 	
6	<i>Are the requirements in the proposed peer review standards clear and understandable?</i>		
	Various	Multiple revisions proposed by respondents. The task force considered all suggestions and proposed revisions as necessary to enhance understandability of requirements.	<p>Refer to the following Agenda Items for proposed revisions:</p> <ul style="list-style-type: none"> 1.2A – Clarified standards as Initially proposed in the exposure draft, with all revisions recommended by STF in track changes 1.2C – Specific comments with STF evaluation
7	<i>Is the application and other explanatory material helpful to support the application of the requirements?</i>		
	Various	Multiple revisions proposed by respondents. The task force considered all suggestions and proposed revisions as necessary to enhance application and other explanatory material.	<p>Refer to the following Agenda Items for proposed revisions:</p> <ul style="list-style-type: none"> 1.2A – Clarified standards as Initially proposed in the exposure draft, with all revisions recommended by STF in track changes 1.2C – Specific comments with STF evaluation
8	<i>Are the definitions easy to understand and apply?</i>		
	Various	Multiple revisions proposed by respondents. The task force considered all suggestions and proposed revisions as	<p>Refer to the following Agenda Items for proposed revisions:</p> <ul style="list-style-type: none"> 1.2A – Clarified standards as Initially proposed in the exposure draft, with all revisions recommended by STF in track changes

#	Identified By	Comment or suggestion	STF recommendation
		necessary to enhance understandability of definitions included in paragraph .11 of PR-C section 100.	<ul style="list-style-type: none"> 1.2C – Specific comments with STF evaluation
9 Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?			
	PICPA	<ul style="list-style-type: none"> Suggests more specific guidance regarding commencement on system reviews, noting that preliminary planning procedures were considered to not have an effect on the review, but the review still had commenced. 	<p>No change to proposal is recommended.</p> <p>Flexibility in the term commencement is considered necessary, given that an effect on the outcome of a system review may be determined in preliminary planning procedures.</p>
	CalCPA	<ul style="list-style-type: none"> Indicated some confusion caused by the definition, however no recommended revision was provided. 	
9a Do you think an engagement letter should be required for all peer reviews?			
	Coastal PR	<ul style="list-style-type: none"> Supports encouraging an engagement letter but not a requirement. Suggests potentially revising 300.A2 to say an engagement letter is “recommended” or “highly advised” 	<p>No change to the proposal is recommended.</p> <p>STF acknowledges that many respondents were in support of a requirement for an engagement letter. As such, the task force intends to further investigate what would be necessary to move forward with such a significant change and has placed the item on its list of topics to discuss at future meetings.</p> <p>The task force agrees that engagement letters should be strongly encouraged; templates are provided with other planning tools in the practice monitoring toolkits for both system and engagement reviews on the AICPA peer review webpage.</p>
	TIC	<ul style="list-style-type: none"> Proposes to make engagement letter a requirement (modifying 300.A2) and provides suggested language accordingly. 	
	RSM	<ul style="list-style-type: none"> Proposes to make engagement letter a requirement (modifying 300.A2) and provides suggested language accordingly. 	
	PRA	<ul style="list-style-type: none"> Supports strong encouragement rather than strict requirement, noting they are a contract between the reviewed firm and peer reviewer that shouldn't be subject to peer review or oversight. 	
	PICPA	<ul style="list-style-type: none"> Supports encouraging rather than a requirement similar to above. 	
	TXCPA	<ul style="list-style-type: none"> Supports encouraging rather than a requirement similar to above. 	

#	Identified By	Comment or suggestion	STF recommendation
10	<i>Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?</i>		
	PICPA	Does not think a committee member that is not TC qualified should be able to serve in that capacity if its firm received a non-pass rating. More strict recommendation that any individual involved in administration of peer reviews to be required to be associated with a firm that has a pass rating.	<p>No change to proposal is recommended.</p> <p>Related application material is intended to provide some flexibility for an AE to determine appropriate safeguards, if any, when considering facts and circumstances of the individual's responsibilities.</p>
	LCPA	Does not agree (no additional explanation).	
11	<i>Please provide your views on the proposed effective date.</i>		
	PRA	Proposes November 1, 2022 (after 2022 peer review conference).	<p>No change to proposal is recommended.</p> <p>Given that changes to the standards are not significant and, in many cases less restrictive, the task force concluded that it is appropriate to proceed with the effective date as proposed for reviews commencing on or after May 1, 2022.</p>
	PICPA	Proposes September 1, 2022 (after 2022 peer review conference).	
	LCPA	Proposes after 2022 Peer Review Conference	
	OSCPA	Although in agreement, stated it is dependent on suitable resources being developed in advance. Absent those, recommends a January 1, 2023 effective date	

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
100	<u>Concepts Common to All Peer Reviews</u>		
100.10	OSCPA	<ul style="list-style-type: none"> .10 should include more specific examples of what international standards are included within the scope of the U.S. peer review. 100.A12 provides examples of what international standards are excluded from peer review. 	<i>No change recommended. Language used intentionally to be consistent with Bylaws</i>
100.11	PRA	<ul style="list-style-type: none"> Definition of “Acceptance Date”, we suggest that the word “on” be added following the word “reported”; the second and third occurrence of the word “and” be replaced with “or”; and the phrase “if any” be added following the words “corrective actions”. The sentence would then read, “A peer review is accepted on the date the peer review committee (the committee) or report acceptance body (RAB) concludes a peer review was performed and reported on in accordance with standards or, for pass with deficiencies or fail reports, when the reviewed firm has agreed to perform required corrective actions, if any, as a condition of acceptance.” 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Acceptance date. A peer review is accepted on the date the peer review committee (the committee) or report acceptance body (RAB) concludes a peer review was performed and reported <u>on</u> in accordance with the standards <u>and/or</u>, for pass with deficiencies <u>and/or</u> fail reports, when the reviewed firm has agreed to perform required corrective actions, <u>if any</u>, as a condition of acceptance. (Ref: par. .A13–.A14)</p>
100.11	PRA	<ul style="list-style-type: none"> Definition of “Administering entity (AE)”, we suggest that it be expanded to include “other entity(ies)” approved by the board to administer peer reviews (e.g., New England Peer Review, Inc.) similar to how it appears in PR-C section 100, paragraph .34. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Administering entity (AE). A state CPA society, group of state CPA societies, or the National Peer Review Committee (National PRC), <u>or other entity</u> that is approved by the board to administer <u>peer reviews</u>the AICPA peer review program.</p>
100.11	FICPA	<ul style="list-style-type: none"> Closing Meeting: Propose to add that closing meeting and exit conference may be held concurrently. 	<i>Did not include notion of concurrent meetings because the definition is in requirements and the possibility of concurrent meetings is addressed in application material.</i>
100.11	PRA	<ul style="list-style-type: none"> Definitions of “Closing Meeting” and “Exit Conference”, we suggest that the phrase “type of report” be replaced with “report rating”. In addition, we suggest that the word “reviewed” be added preceding the word “firm” in the definition for “exit conference” to be consistent with a similar phrase in the definition for “closing meeting”. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Closing meeting. A meeting held in advance of the exit conference between the captain and the reviewed firm, to discuss the review team’s observations, matters,</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>findings, deficiencies, and significant deficiencies identified; the expected type of report to be issued report rating, and the reviewed firm's responsibilities related to such matters.</p> <p>Exit conference. A meeting between the captain and the reviewed firm held to discuss a summary of the peer review results, the firm responses, and the type of report rating to be issued.</p>
100.11	OSCPA	<ul style="list-style-type: none"> Definition of commencement date is inconsistently applied in practice and the committee encouraged revisiting this definition. It appears that the commencement date is the earlier of when the reviewer begins the review or learns information that affects the review (wouldn't the latter include planning?) Some interpret as the beginning of fieldwork. One recommendation for consideration for greater consistency would be the date when the reviewer obtains the signed engagement letter. 	<p><i>No revision recommended. Point was considered previously by STF and further revision was not considered to provide any additional clarity. OSCPAs recommendation would not be a workable alternative without a requirement for a signed engagement letter.</i></p>
100.11	PRA	<ul style="list-style-type: none"> Definition of "Completion date", we suggest that the word "and" be replaced with "or" between "pass with deficiencies" and "fail" similar to our suggestion above for "Acceptance date". 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Completion date. For pass reports, the completion date is the same as the acceptance date. For pass with deficiencies and-or fail reports, the completion date is the date the reviewed firm has completed all required corrective actions to the satisfaction of the committee (or its designee). (Ref: par. .A14)</p>
100.11	PRA	<ul style="list-style-type: none"> Definition of "Consent agenda", we suggest that the Board reconsider the threshold for inclusion of system and engagement reviews on the consent agenda to include pass reports with MFCs and FFCs provided there are no repeat findings or nonconforming engagements, which might indicate the need to consider an implementation plan, additional findings (e.g., tone at the top) or in rare instances, a different report rating. <ul style="list-style-type: none"> All of the same peer review documents would still be available to the RAB and could be pulled off the consent agenda by any RAB member upon request. However, the overall time savings for our volunteer committee members would far outweigh the risks and at 	<p><i>Comments are noting a more restrictive list of criteria, however STF believes the change in criteria is appropriate and intended to establish consistency in criteria for both engagement and system reviews. The STF does not recommend any further revision to the definition other than to provide additional context for 'other items' that may be placed on a consent agenda.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p>

PR-C#	From	Comment or suggestion	STF recommendation																																																																							
		<p>the same time, help focus RAB discussions on the reviews requiring the most attention.</p> <ul style="list-style-type: none"> Statistics for reviews administered by the Peer Review Alliance for the three years preceding and one year following adoption of the current definition of consent agenda are as follows: <table border="1"> <thead> <tr> <th rowspan="2">Report Rating</th> <th colspan="2">CY2017</th> <th colspan="2">CY2016</th> <th colspan="2">CY2015</th> <th colspan="2">CY2014</th> </tr> <tr> <th>Consent Agenda</th> <th>Total Reviews</th> <th>Consent Agenda</th> <th>Total Reviews</th> <th>Consent Agenda</th> <th>Total Reviews</th> <th>Consent Agenda</th> <th>Total Reviews</th> </tr> </thead> <tbody> <tr> <td>Pass w/o FFCs</td> <td>47</td> <td>198</td> <td>95</td> <td>153</td> <td>61</td> <td>128</td> <td>58</td> <td>94</td> </tr> <tr> <td>Pass with FFCs</td> <td>0</td> <td>149</td> <td>98</td> <td>144</td> <td>120</td> <td>179</td> <td>84</td> <td>115</td> </tr> <tr> <td>Subtotal</td> <td>47</td> <td>347</td> <td>193</td> <td>297</td> <td>181</td> <td>307</td> <td>142</td> <td>209</td> </tr> <tr> <td>PWD or fail</td> <td>0</td> <td>134</td> <td>0</td> <td>132</td> <td>0</td> <td>101</td> <td>0</td> <td>90</td> </tr> <tr> <td>Total</td> <td>47</td> <td>481</td> <td>193</td> <td>429</td> <td>181</td> <td>408</td> <td>142</td> <td>299</td> </tr> <tr> <td>% To Total</td> <td>9.8%</td> <td></td> <td>45.0%</td> <td></td> <td>44.4%</td> <td></td> <td>47.5%</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> If an additional 35% of the reviews presented to RAB in 2017 had been permitted to be placed on a consent agenda and saved even 10 minutes per review, each of the 4 or 5 (or more) RAB members would have saved an average of 28 hours over the course of the year (481 reviews x 35% x 10 minutes / 60 minutes = 28 hours). Therefore, we strongly encourage the Board to reconsider the definition of Consent agenda. 	Report Rating	CY2017		CY2016		CY2015		CY2014		Consent Agenda	Total Reviews	Consent Agenda	Total Reviews	Consent Agenda	Total Reviews	Consent Agenda	Total Reviews	Pass w/o FFCs	47	198	95	153	61	128	58	94	Pass with FFCs	0	149	98	144	120	179	84	115	Subtotal	47	347	193	297	181	307	142	209	PWD or fail	0	134	0	132	0	101	0	90	Total	47	481	193	429	181	408	142	299	% To Total	9.8%		45.0%		44.4%		47.5%		<p>Consent agenda. A list of reviews, corrective actions, implementation plans, and other items that allow RAB members to vote on all items at one time without discussion; however, any RAB member may extract any item from the consent agenda for discussion and a separate vote if necessary. The following minimum criteria must be met for a review to be <u>placed-accepted on-the-using a</u> consent agenda: (Ref: par. .A17)</p> <ul style="list-style-type: none"> A report rating of pass No matters for further consideration (MFCs) Without reviewer performance feedback <p>Items related to corrective actions and implementation plans should be <u>placed-accepted using a on-the</u> consent agenda only if</p> <ul style="list-style-type: none"> there are clearly identifiable actions or procedures that could be accepted by the technical reviewer or CPA on staff (see paragraph .08 of section 420), requests to waive corrective actions or implementation plans are specific and easy to understand, or (Ref: par. .A18) requests to extend due dates where there is no reason to believe the extensions should not or would not be approved by the RAB. (Ref: par. .A19) <p><u>Other items may be approved using a consent agenda if there are clearly identifiable actions that do not require discussion, assessment, or a vote by the full peer review committee.</u></p>
Report Rating	CY2017			CY2016		CY2015		CY2014																																																																		
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100.11	STF & AICPA Staff	<ul style="list-style-type: none"> Proposing definition be revised to include context for 'other items' that may be accepted using a consent agenda. 																																																																								
100.11	PICPA	<ul style="list-style-type: none"> The proposed consent agenda criteria includes reviews with no Matters for Further Consideration, however, under current standards, an engagement review with only MFCs can be put on the consent agenda. Is this an intended change to the consent agenda criteria? We do not agree with this proposed change for engagement reviews, as it will move more reviews to the non-consent list. We propose system reviews with only MFCs having the option to be put on the consent listing, if deemed appropriate by the technical reviewer. 																																																																								

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
100.11	PRA	<ul style="list-style-type: none"> Definition of “Corrective actions”, we suggest that the word “RAB” be inserted between the words “committee” and “or board” in the bullet point for “Reviewed firms”. In addition, the words “or actions required of a reviewer due to deficiencies in the reviewer’s performance” appear to be out of place and should be removed from the same bullet point for “Reviewed firms”. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Corrective actions. Remedial actions prescribed by the committee, RAB, or board that should be agreed to and completed by a reviewed firm or peer reviewer. (Ref: par. .A20)</p>
100.11	MICPA	<ul style="list-style-type: none"> Corrective actions – Reviewed firms: At the end of the first sentence, Should delete the phrase “or actions required of a reviewer due to deficiencies in the reviewer’s performance.” That phrase belongs in the previous paragraph, for Peer reviewers. 	<ul style="list-style-type: none"> <i>Peer reviewers.</i> A remedial action prescribed by the committee or board in a performance deficiency letter <u>that describes deficiencies in the reviewer’s performance</u>. (Ref: PR-C section 200, General Principles and Responsibilities for Reviewers, PR-C section 210, General Principles and Responsibilities for Reviewers — System Reviews, and PR-C section 220, General Principles and Responsibilities for Reviewers — Engagement Reviews) <i>Reviewed firms.</i> A remedial action prescribed by the committee, <u>RAB</u>, or board of a reviewed firm as a condition of acceptance of a pass with deficiencies or fail peer review report in response to a deficiency or significant deficiency or actions required of a reviewer due to deficiencies in the reviewer’s performance. A peer review with corrective actions is considered accepted the date the firm acknowledges its responsibility to complete the corrective actions. (Ref: PR-C section 300, General Principles and Responsibilities for Reviewed Firms, PR-C section 310, General Principles and Responsibilities for Reviewed Firms — System Reviews, and PR-C section 320, General Principles and Responsibilities for Reviewed Firms — Engagement Reviews)
100.11	PRA	<ul style="list-style-type: none"> Definition of “Deficiency (system reviews)”, we suggest that the word “reviewer” be replaced with “Team Captain” to be consistent with the definition of “Deficiency (Engagement reviews)”. 	<p><i>Revision proposed by PRA is appropriate and additional language used to describe evaluation of a firm’s QC system taken as a whole, but no change recommended in response to comment from MICPA – This was a</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
100.11	STF and AICPA Staff	<ul style="list-style-type: none"> Propose additional language to clarify a deficiency results from evaluation of the QC system taken as a whole. 	<p><i>conscious decision to avoid confusion that if matters are ultimately brought to the report, then no findings are documented.</i></p>
100.11	MICPA	<ul style="list-style-type: none"> Deficiency (system reviews) starts with “One or more matters”. But since we build from Matter to Finding to Deficiency, would it be clearer if this read “One or more findings that, considering the nature, systemic cause, pattern & pervasiveness, could result in a situation in which...” (this wording change also tends to put the emphasis back on systemic cause, which is the driver for FFCs, and is missing from MFCs) 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Deficiency (system reviews). <u>When evaluating the reviewed firm’s system of quality control taken as a whole,</u> oOne or more matters that the <u>team captain reviewer</u> has concluded could create a situation in which the reviewed firm would not have reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in one or more important respects. Deficiencies should be documented in a peer review report with a rating of pass with deficiencies.</p>
100.11	RSM	<ul style="list-style-type: none"> In the context of a system review, we suggest the Peer Review Board evaluate the discrepancies between the following two definitions and then consider whether further guidance or standards changes are needed to enhance the understandability and consistency of these terms <ul style="list-style-type: none"> Per paragraph .11 of PR-C Section 100, Concepts Common to All Peer Reviews: Deficiency (system reviews). One or more matters that the reviewer has concluded could create a situation in which the reviewed firm would not have reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in one or more important respects. Deficiencies should be documented in a peer review report with a rating of pass with deficiencies. Per paragraph 17. of the proposed Statement on Quality Management Standards, A Firm’s System of Quality Management: Deficiency in the firm’s system of quality management (referred to as deficiency in this proposed SQMS). This exists when (Ref : par. A10 and A169–A170) 	<p><i>STF agrees it will be necessary to consider appropriate revisions to the PR-C sections considering SQMS when those standards become effective.</i></p> <p><i>See ‘Other’ section at the bottom of this document for further discussion of comments regarding the impact of SQMS on engagement reviews.</i></p>

PR-C#	From	Comment or suggestion	STF recommendation
		<ul style="list-style-type: none"> • a quality objective required to achieve the objective of the system of quality management is not established; • a quality risk, or combination of quality risks, is not identified or properly assessed; (Ref: par. A11) • a response, or combination of responses, does not reduce to an acceptably low level the likelihood of a related quality risk occurring because the responses are not properly designed, implemented, or operating effectively; or • an other aspect of the system of quality management is absent, or not properly designed, implemented, or operating effectively, such that a requirement of this proposed SQMS has not been addressed. (Ref : par. A12–A13) 	
100.11	PRA	<ul style="list-style-type: none"> • Definition of “Due date”, we suggest that an additional sentence or phrase be added for corrective action or implementation plan due dates. 	<p><i>Considered change appropriate as term is used to describe corrective actions and implementation plans in section 420.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Due date. The date the peer review report and all required peer review materials are to be submitted to the AE, <u>or the date all supporting documentation for corrective actions and implementation plans are to be submitted to the AE.</u></p>
100.11	PRA	<ul style="list-style-type: none"> • Definition of “Matter”, we suggest that a sentence or two be added that read something like, “Matters can be disposed through one of three methods – through an FFC, through a deficiency/significant deficiency, or through disposition at the MFC level (via isolation or insignificance). Matters that are disposed via one method should not also be covered/discussed through another form of disposal” similar to the verbiage appearing in PRC section 210, paragraph .56. 	<p><i>No change recommended – Definition is intentionally succinct describing a matter itself, rather than possible dispositions.</i></p>
100.11	MICPA	<ul style="list-style-type: none"> • Finding (system reviews) – It would help clarify things if the following was added after the first sentence: “The condition is normally expressed as the systemic cause of the matter(s).” My reasoning is to emphasize that the 	<p><i>No change recommended. STF believes that “Condition in the firm’s system of quality control” captures this appropriately.</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
		“condition” is referring to the systemic condition, not the specific error that occurred on an engagement.	
100.11	MICPA	<ul style="list-style-type: none"> Both Finding definitions, the last sentence should say “A finding should be documented... on an FFC form unless included in the report as a deficiency (or significant deficiency)” – unless this is an intentional change to the form; as noted above, it is repeated at 210.53 	<i>No change recommended. Definition focuses on the finding itself, not other possible dispositions.</i>
100.11	STF & AICPA Staff	<ul style="list-style-type: none"> Propose additional cross-referencing for definition of ineligible. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Ineligible. The term used to describe a reviewer who does not meet the required qualifications and, therefore, is not approved to schedule, commence, continue to perform, or participate in a peer review for any AE. (Ref: par. .06 of section 200 and .20–.22 <u>and .A24</u> of section 430)</p>
100.11	STF & AICPA Staff; Keyser	<ul style="list-style-type: none"> Confusion noted by respondent and STF recommended revision of the definition of Must Cover for further clarification. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Must-cover. An engagement industry that does not have to be selected for review, but a team member must have recent experience in the industry <u>or level of service</u> to aid in the risk assessment process and <u>to</u> determination-of whether <u>an-that</u> engagement from the must-cover industry should be selected for review. Appendix C, “Additional Requirements for Must-Select and Must-Cover Engagements,” of section 210 contains the industries-or engagements with this designation.</p>
100.11	Sandstrom	<ul style="list-style-type: none"> Opposes definition of nonconforming engagement, stating it does not address connection between omitted procedure and a reasonable user, and that ‘materiality’ is not used appropriately. Proposes to use concept of “prudent official” from AU-C 265 and to include a definition of “in all material respects”. 	<i>No change to proposal is recommended. Similar feedback was considered in development of the definition. Peer review standards intentionally require reviewer judgment in determination of whether an engagement is nonconforming.</i>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
100.11	STF & AICPA Staff	<ul style="list-style-type: none"> Propose clarification of item b to note that a RAB is typically responsible for evaluating reviewer performance. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Performance deficiency. Occurs when a pattern of reviewer performance findings exists, or the reviewer did not do either of the following: (Ref: par. .A24–.A25)</p> <p>a. Appropriately conclude on whether an engagement was performed or reported on in conformity with applicable professional standards in all material respects prior to technical review, oversight, or RAB consideration and did not demonstrate sufficient knowledge and experience required to review the engagement and identify issues prior to technical review, oversight, or RAB consideration</p> <p>b. Appropriately aggregate or evaluate matters noted on the review, such that the RABcommittee determined a deficiency was present when the reviewer did not elevate the matter beyond an MFC, or the committeeRAB determined a significant deficiency was present when the reviewer did not elevate the matter beyond an FFC</p>
100.11	TIC	<ul style="list-style-type: none"> Propose to add definition for “piggybacking” and “reciprocal peer review” 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p><u>Piggyback review.</u> <u>The review team performs a review of one or more engagements contemporaneously when testing the reviewed firm’s internal inspection procedures.</u></p> <p><u>Reciprocal peer review.</u> <u>A firm performs a peer review for the firm that performed its most recent review; such reviews are not permitted.</u></p>
100.11	STF & AICPA Staff	<ul style="list-style-type: none"> Propose to add definition for “Scope Limitation” 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p><u>Scope limitation (system and engagement reviews).</u> <u>Exclusions of one or more engagements or other</u></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<u>limitations that affect the performance of a peer review. A description of any such exclusion or limitation should be described in the peer reviewer's report. (Ref: par. .A28-.A29)</u>
100.11	MICPA	<ul style="list-style-type: none"> Systemic cause (system reviews) – This is a critical concept, and it is often misunderstood in practice. Need to codify the discussion that occurred at this year's Peer Review Conference. Perhaps a second sentence is added that says: Identifying the appropriate root cause often requires several iterations of inquiry (asking "why did that happen?"). 	<i>No change recommended. Proposed language in this comment is suggesting a possible application and would not be appropriate in the definition (i.e. the definition is included in requirements).</i>
100	OSCPA	<ul style="list-style-type: none"> .A27, more guidance and training is needed on what is a repeated systemic issue. 	<i>No change recommended. Feedback will be provided to ECTF for development of training.</i>
100	PRA	<ul style="list-style-type: none"> .A30 indicates that, "The board may, at its discretion, modify the standards and related guidance without an exposure period if the circumstances warrant such actions. In these circumstances, the board will discuss such modifications during meetings open to the public and will communicate any recommended courses of action to firms, reviewers, and AEs on a timely basis." We believe that all revisions to professional standards, including peer review standards, should follow a formal and robust due process procedure where broad public participation is encouraged, and all points of view and expressions of opinion are welcomed throughout the entire deliberative and exposure process. Discussing proposed changes only in a meeting open to the public does not provide stakeholder groups such as state boards of accountancy, administering entity peer review committees, and regulators an opportunity to discuss the matter as a group and provide their collective viewpoints. As a result, we do not support this proposed change. 	<i>No change recommended. This perspective was considered in development of the application material paragraph identified in the comment. STF ultimately concluded flexibility was appropriate so that the board may timely respond to the changing needs of the profession.</i>
100	PRA	<ul style="list-style-type: none"> .24(b) and .31(b), we suggest replacing "year-ends" with "period-ends" to incorporate interim engagements. PRC section 200, paragraph .16 indicates that, "The reviewer must be independent from the reviewed firm. The reviewer's independence would be considered impaired in the following circumstances...f. The reviewing firm performed the monitoring of the reviewed firm's accounting and auditing practice, consulting review, quality control document review, preliminary quality control procedures 	<i>STF recommends the revision to par. .24 and .31 included to state period-end as noted by respondents. Item (b) identified by PRA has been proposed to be removed as it was considered duplicative of other requirements in section 320. STF concluded the substance of the requirement is appropriate and</i>

PR-C#	From	Comment or suggestion	STF recommendation
		reviews, or pre- or post-issuance engagement reviews for the year immediately preceding or during the peer review year.” Because reviewers are often confused as to whether this pertains to the inspection or engagement period-ends versus when such procedures are performed, we suggest that an additional sentence be added to this bullet point to add clarity.	<p><i>principles based, therefore further revision would not provide additional clarity.</i></p> <p><i>Proposed revisions are included in Agenda Item 1.2A as follows:</i></p> <p>.24 The firm should consult with the peer reviewer to determine its initial peer review year. The AE should be consulted when the peer review year is not the 12-month period after the report date of the initial engagement. The following should be considered to determine the peer review year: (Ref: par. .A41)</p> <ol style="list-style-type: none"> a. The firm’s practice b. The yearperiod-ends of the firm’s engagements c. The report dates of the firm’s engagements d. The number and type of engagements to be encompassed in the review e. The requirements by any other organization for the firm to have a peer review (Ref: par. .A42) <p>.31 If a firm, having previously represented that it has no engagements within the scope of the standards, is enrolled in the program and (a) performs its first engagement within the scope of the standards or (b) performs its first engagement that would require a system review, the due date should be 18 months from that engagement’s periodyear-end (18 months from the report date if it is a financial forecast, projection, or agreed-upon procedures engagement).</p>
100	PICPA	<ul style="list-style-type: none"> .24 – We believe the proposed standard is indicating that the peer review year-end should automatically be the 12-month period after the report date of the initial engagement. However, the standard goes on to include other factors to be considered, which could lead to a different peer review year-end. The standards should indicate the peer review set should include the year-ends of the engagements included in the scope of the review and the different level of services performed by the firm. Consideration should also be given to what the subsequent due date will be to ensure the timing works for the firm. The standard should indicate the firm should consult with the reviewer and the AE and not with the AE only when it is not the 12-month period after the report date. 	
100	MICPA	<ul style="list-style-type: none"> .A11 – the last line of the matrix says if Prep is highest level of service, you would need an Engagement Review. We thought they needed no peer review. 	<p><i>No change recommended. Accurate that engagement review is needed if the firm is enrolled. The distinction is that the firm does not need to enroll. If a firm is not enrolled, this paragraph does not apply.</i></p>
100	PICPA	<ul style="list-style-type: none"> .A33 – “Other peer review publications, such as reviewer alert articles, are nonauthoritative; however, they may help the user understand and apply the standards.” What are other examples of nonauthoritative peer review 	<p><i>No change recommended. Extant standards will be superseded by the PR-C sections and comment does not provide any suggested edits.</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
		publications? Are the current interpretations, including the supplemental guidance, considered authoritative?	
100	PICPA	<ul style="list-style-type: none"> .A39 – The example shows the firm enrolled on 3/31/20X1, but the due date is two years later (3/31/20X3). Is this accurate? Based on the guidance now included at 100.24, why is the peer review year-end 9/30/20X2 (18 months) instead of 3/31/20X2 (12 months after report date)? 	<p><i>STF agrees that appropriate timing should be reflected, and initial report date of engagement should be revised to 9/30/20X1 to align with requirement in paragraph .24.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A</i></p>
100	STF & AICPA Staff	<ul style="list-style-type: none"> Propose to clarify the objective of oversight so that it does not imply absolute assurance. 	<p><i>Proposed revisions are included in Agenda Item 1.2A as follows:</i></p> <p>.A50 The objectives of oversight are to enhance quality in accounting and auditing by <u>providing reasonable assurance of ensuring</u> compliance with and consistent application of the standards throughout the program. The board may appoint other individuals or bodies to perform oversight at its discretion.</p>
200	<u>General Principles and Responsibilities for Reviewers</u>		
200.05	LCPA	<ul style="list-style-type: none"> .05 Reviewer Qualifications Standards (.31) and Interpretations present “current”, “currently” and “recent” in a confusing manner. The Clarity exposure draft is more confusing and presents a change to existing requirements. PR-C Sections 200.05 c and 200.05 f use the word, “current” but it is unclear if each section applies an identical meaning. Sec 200.05f, has removed .31 d’s, “recent experience” from the qualifications. This would be different from the application of .31d’s experience required relative to the services and industries to be reviewed. Further, inconsistencies were noted in “current” and “recent” experience in PR-C Sections 200.05 f, 200.14 and ref .A22, 400.24 and ref .A26, and 200.A22. 	<p><i>No change recommended. Par. .05c states that current practice experience is having performed/supervised engagements or QC function with reports dated within the last 18 months. Extant standards state ‘current’ is 12 months. However, PRIMA is programmed to allow 18 months in scheduling checks because peer reviews are often scheduled 6 months in advance. Stating 18 months in the requirement is intended to be consistent with the process that is already in place.</i></p>
200.06	STF & AICPA Staff	<ul style="list-style-type: none"> Propose additional cross-referencing to applicable requirements and application material. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.06 Reviewers should not commence, continue to perform, or participate in a peer review if they do not</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			possess all necessary qualifications, and should refrain from these activities until it has been determined they are qualified according to paragraph .05. (Ref: par. .A9 and .A10 <u>and .A24 of section 430</u>)
200.16f	PICPA	<ul style="list-style-type: none"> .16f – We ask that “or during the peer review year” be clarified. It is unclear whether this refers to the timing of when the corrective action is performed or the period for which the corrective action is being performed (i.e. the year of the engagement). We also propose explanatory language or an example be added to clarify when a reviewer would be considered independent to perform a firm’s next review. 	<p><i>The comments by PICPA and PRA are consistent with other feedback previously received by STF and therefore proposed revision is intended to provide some clarification about timing of the engagements and for the requirement to be less restrictive.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p>
200.16f	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to provide clarification about timing of engagements that would impair independence and for requirements to be less restrictive. 	<p>.16 The reviewer must be independent from the reviewed firm. The reviewer’s independence would be considered impaired in the following circumstances:</p>
200.16f	PRA	<ul style="list-style-type: none"> .16f – Because reviewers are often confused as to whether this pertains to the inspection or engagement period-ends versus when such procedures are performed, we suggest that an additional sentence be added to this bullet point to add clarity. 	<p>...</p> <p>f. The reviewing firm performed the monitoring of the reviewed firm’s accounting and auditing practice, consulting review, quality control document review, preliminary quality control procedures review, or, pre- or post-issuance <u>engagement reviews of engagements with periods-ending (or report dates for financial forecasts, projections, or agreed-upon procedures engagements) in for</u> the year immediately preceding or during the peer review year.</p>
200.26	PICPA & Keyser	<ul style="list-style-type: none"> .26 – We believe the reference should be “... as described in paragraph .25,” and not “.26”. It should refer to the paragraph above (.25), which describes members of management. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.26 The written representations should be in the form of a representation letter on firm letterhead, addressed to the captain, and signed by a member of management, as described in paragraph <u>.25-26</u>, as of the date of the peer review report.</p>

PR-C#	From	Comment or suggestion	STF recommendation
200.33-.37	STF & AICPA Staff	<ul style="list-style-type: none"> Clarify roles of those involved in evaluation of reviewer performance as this may be performed by a body of individuals designated by the committee. 	<i>Proposed revision included in Agenda Item 1.2A in paragraphs .33-.37 to clarify that a reference to committee may also be “its designated body” for purposes of evaluating reviewer performance.</i>
200.A23	OSCPA	<ul style="list-style-type: none"> .A23 should be more specific regarding what roles permit a reviewer to pick up an industry code. <p>Association with a firm: The previous peer review standards were unclear as to whether doing EQCRs or pre-issuance reviews for another firm caused the reviewer to be “associated with” the firm, meaning that the firm needed a “pass” report for the reviewer to remain qualified as a peer reviewer. Per discussions with AICPA staff, it appears that if a reviewer is going to claim experience for the work, they will be considered to be associated with the firm (thus requiring the firm to obtain a “pass” report for the reviewer to remain eligible,) but if they are not claiming experience for it, they will not be considered associated with the firm. This area (and our understanding) can still use some clarification.</p> <p>One suggestion from the committee was to associate a peer reviewer at the engagement level when obtaining experience via an EQCR or a pre-issuance review. Accordingly, if the reviewer is using the EQCR to obtain experience in a particular industry, engagements in that industry may not be non-conforming (versus the outside firm’s entire peer review.) For example, if the reviewer is using the EQCR to obtain experience in a particular industry and the other firm has a Pass with Deficiencies rating, the reviewer would not be disqualified from performing reviews if none of the deficiencies or findings relate to the particular industry. If any of the findings do relate to the particular industry, the reviewer would not be disqualified from performing reviews but would be required to remove the industry from their resume.</p>	<i>No revision recommended as the STF believes the requirement is appropriate. The paragraph establishes requirement for reviewer experience, and the instructions to the reviewer resume require truthful representation by reviewers.</i>
200.A26	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to correct cross-referencing in paragraph .A26 Propose revision to account for removal of assessing QCM reliability from the standards (assessment of QCM reliability is not discussed in section 210, intentionally). 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A26 To evaluate whether products or services provided or shared are an integral part of a firm’s system of quality</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>control, the reviewer and reviewed firm consider the following factors:</p> <ol style="list-style-type: none"> a. The size of the impacted portion of the practice (Ref: par. .A2728) b. The risk associated with the impacted portion of the practice (for example, must-select industries) c. The degree of the reviewed firm’s reliance on the product or service provided or shared d. The significance of the product or service provided or shared <p>If the products or services provided or shared are quality control materials (QCM) that are an integral part of a firm’s system of quality control, a QCM review under the Standards for Performing and Reporting on Peer Reviews, or a QCM examination under the Statements on Standards for Attestation Engagements, could be an appropriate safeguard to offset a potential independence impairment. However, the effectiveness of this safeguard will depend on the facts and circumstances of each peer review many factors, such as those considered by peer reviewers in evaluating the reliability of QCM during a peer review, as described in section 210.</p>
200.A41 & Appendix A	STF & AICPA Staff	<ul style="list-style-type: none"> • Propose to remove appendix A in section 200 and references to that location, as the rules of procedures are procedural in nature and maintained on the AICPA webpage. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A41 If a committee recommends to the board that a reviewer be prohibited from performing peer reviews in the future or a reviewer appeals to the board in accordance with paragraph .36, the board will review and consider the recommendation or appeal in accordance with appendix A, the “AICPA Peer Review</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			Board Rules of Procedures for Reviewers, <u>which are maintained on the AICPA website.</u> [Appendix A – Removed]
210	<u>General Principles and Responsibilities for Reviewers — System Reviews</u>		
210.20 & .21	MICPA	<ul style="list-style-type: none"> .20 & .21 do not seem to address whether the cross-selection address individual partners. The standards should not require each partner to be selected; but it seems there should be some consideration of individual partner risk. Perhaps .A13 could address this? 	<i>No revision recommended. It is not required for each partner to be selected and STF believes an explicit statement could be taken as such. .A13b does note “and partners who also have office, regional, or firm-wide management, administrative, or functional responsibilities.”</i>
210.21	PRA	<ul style="list-style-type: none"> .21 indicates that, “The reviewer should document in the risk assessment key decisions made when the engagement selections do not include...c. an engagement type within an industry.” We believe that this could be interpreted very broadly and as a result, suggest that clarification be added in the application material to discuss narrowing this to industry concentration coverage. 	<p><i>No revision recommended. .A14 discusses risk based approach using consideration of industry concentrations.</i></p> <p><i>Documenting key decisions for not selecting an engagement is not necessarily limited to industry concentrations.</i></p>
210.28	PICPA	<ul style="list-style-type: none"> .28 – If the objective is to provide the firm time to assemble the engagements, shouldn’t the time frame be “no less than” as opposed to “no more than”? What is the basis for changing the standard from no earlier than three weeks to no more than two weeks? 	<p><i>STF recommends revision to clarify the objective in the requirement. STF concluded while this represents a change, it was not considered significant as modern technology provides basis for not giving too much advance time (modified from 3 weeks when discussing removal of the surprise engagement).</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.28 To provide the firm assembly time, the reviewer should provide the selection of engagements to be reviewed to the reviewed firm in advance, but no more than two weeks before the reviewer plans to begin reviewing the engagements. (Ref: par. .A24)</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
210.34 & .35	PICPA	<ul style="list-style-type: none"> .34 and .35 – We recommend the standard also indicate the implementation plan required to be assigned when a firm or individual lacks a license. 	<i>No change recommended. This requirement is for peer reviewers and they do not assign implementation plans.</i>
210.37	PRA	<ul style="list-style-type: none"> .37 discusses the evaluation of “significant risk areas” in the review of an audit. We are unclear as to whether this represents a change from the current “key area” approach? In addition, we believe clarification is needed regarding the frame of reference used to determine “significant risk areas.” For instance, does the firm’s risk assessment determine the “significant risk areas”? And if the firm does not identify any “significant risk areas” or the reviewer disagrees with the areas determined significant by the firm, whose determination should guide the selection of areas for review? 	<i>No change recommended. Lead-in statement indicates it is the reviewer evaluating the reviewed firm, and .A31 provides examples of areas that may be considered significant risk. On principle, judgment will need to be exercised by the reviewer in determining whether the engagement was performed and reported on in accordance with professional standards.</i>
210.39; 220.23; 220.A8; 310.A16; 320.A10	PRA	<ul style="list-style-type: none"> .39 discusses informing the firm when an engagement is not performed or reporting on in conformity with applicable professional standards. While such discussion is located under the heading for “Evaluation of Engagements” for system reviews, the similar paragraph for engagement reviews is located under the heading for “Identifying, Evaluating, and Aggregating Matters, Findings, and Deficiencies” in PR-C section 220, paragraph .23. We suggest they be located under the same headings in the standards. Similarly, while the paragraph reminding team captains and AEs to not require firms to perform omitted procedures, reissue accounting or auditing reports, or have previously issued financial statements revised and reissued is located under the heading of “Evaluation of Engagements” in the standards for system reviews (PRC section 210, paragraph .40), the similar paragraph for engagement reviews is in the application guidance (PRC section 220, paragraph .A8). Note: Similar paragraphs reminding reviewed firms that captains and AEs should not dictate specific remediation for nonconforming engagements for both system and engagement reviews are in the application guidance (PR-C section 310, paragraph .A16 and PR-C section 320, paragraph .A10, respectively). We recommend they appear in a consistent location in either the standards or the application guidance. 	<p><i>STF agrees that paragraphs with similar requirements should be under parallel headings in sections 210 and 220; additionally, language regarding remediation is appropriate as a requirement rather than application material in section 220.</i></p> <p><i>STF believes it is appropriate for language regarding remediation of nonconforming engagements in the firm section to remain under application material because the underlying requirement is for the reviewer and the AE (it does not establish a requirement for the reviewed firm).</i></p> <p><i>Proposed revisions are included in Agenda Item 1.2A.</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
210.51	MICPA	<ul style="list-style-type: none"> .51, last sentence, says that if you can't determine a systemic cause, document why on the MFC form. Did it mean to say FFC form (since the MFC normally does not document systemic cause; then again, perhaps the MFC form is expected to change?) 	<i>No change recommended. Current MFC form clearly states: "Reviewer's Description of the matter (include systemic cause, when possible)"</i>
210.51	PICPA	<ul style="list-style-type: none"> .51 – "In rare circumstances in which it is not practical to identify the systemic cause, the team captain should document the reason or reasons as part of SRM and on related MFC form." We ask the board to consider providing examples of these rare circumstances to avoid reviewers defaulting to indicating "it is not practical." 	<i>No change recommended. In such cases the reviewer citing practicality has not complied with the standard which requires the reviewer to provide the reasons that led them to such conclusion.</i>
210.53	MICPA	<ul style="list-style-type: none"> .53 interpreted as a change – it tells us to use an FFC for all Findings (even if they end up as Deficiencies). Is that the intent? 	<i>No change recommended. Standards do not state findings are elevated to deficiencies, which is appropriate.</i>
210.53	PICPA	<ul style="list-style-type: none"> .53 – If not here in the standards, then we propose that the other explanatory material indicate the minimum requirements to be included in the description of finding (similar as to how it is currently listed on the Finding for Further Consideration form). We also request similar guidance be provided for MFCs. Many times, when we request reviewers to update a FFC to include the required elements, we are asked for where this is required in the standards (i.e., reference QC element). Unfortunately, having it spelled out in PRIMA is not enough. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.53 The reviewer should document a finding on an FFC form when the reviewer concludes that one or more related matters result from a condition in the reviewed firm's system of quality control or compliance with it such that there is more than a remote possibility that the reviewed firm would not perform or report in conformity with the requirements of applicable professional standards. <u>Documentation of a finding should include the following:</u></p> <ul style="list-style-type: none"> <u>a. a description of the finding</u> <u>b. reference to the applicable requirements of the Statements on Quality Control Standards,</u> <u>c. the scenario that led to the finding</u> <u>a-d. reference to nonconforming engagements as a result of the finding, if applicable</u>
210.57 & .58	PICPA	<ul style="list-style-type: none"> .57 and .58 – We recommend referencing or reiterating here what is located at .A27 in Section 100, which states "the words used to describe the systemic cause are not indicative of whether it is a repeat and professional judgment is to be used." 	<i>Proposed revision included in Agenda Item 1.2A as follows:</i>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>.58 If a repeat finding, deficiency, or significant deficiency is identified, it should be documented as such in the FFC form or report, as applicable. (Ref: par. .A27 of section 100)</p>
210.59a & .67	PRA	<ul style="list-style-type: none"> .59(a) and .67 we suggest that the phrase “type of report” be replaced with “report rating”. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.59 Prior to issuing the report or finalizing MFCs and FFCs, if applicable, the team captain should communicate the conclusions to the firm at a closing meeting. The team captain should discuss the following during the closing meeting: (Ref: par. .A49–.A50)</p> <ol style="list-style-type: none"> a. Preliminary peer review results, including any matters, findings, deficiencies, or significant deficiencies, and the type of expected report rating expected to be issued if determinable at this point b. The firm’s requirement to respond to the MFCs, FFCs, or deficiencies or significant deficiencies included in the peer review report c. The firm’s required written representations d. Other suggestions and observations for the firm to consider (Ref: par. .A51) <p>.67 To determine the type of report rating to issue, the team captain should use professional judgment and consider the understanding of the firm’s system of quality control and the nature, systemic causes, pattern, and pervasiveness of matters and their relative importance to the firm’s system of quality control taken as a whole, including limitations on the scope of the review. (Ref: par. .A59–.A62)</p>
210.64a	PICPA	<ul style="list-style-type: none"> .64a – The language stated at point (a) does not appear to be included in the proposed representation letter (Exhibit A PR-C Section 310). Does this language need to be added to the letter? 	<p><i>Proposed revision included in Agenda Item 1.2A as follows in Exhibit A of PR-C section 310 and Exhibit A of PR-C section 320:</i></p>

PR-C#	From	Comment or suggestion	STF recommendation
			<p><u>Management has fulfilled its responsibility for the design of and compliance with a system of quality control for our accounting and auditing practice that provides us with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects.</u></p>
210.64h	MICPA	<ul style="list-style-type: none"> .64h: The technical reviewer quarterly phone call has identified that firms are tailoring this sentence inappropriately. We think firms would find this clearer (and would stop tailoring it) if it was worded as follows: “i. All engagements applicable to the peer review year under review. Engagements applicable to this year include financial forecasts or projections and agreed upon procedures with report dates within this year; for all other engagements, it includes those engagements with periods ending during the year.” 	<p><i>No change recommended. STF believes paragraph wording is appropriate and illustrative letter provides clearer indication which parts may be tailored.</i></p>
210.68k	MICPA	<ul style="list-style-type: none"> .68k: Can we eliminate the need to pluralize and singularize the must select engagements? We spend a lot of time changing these reports for what seems like an insignificant matter to the reader. It seems that we could change the standard to always pluralize? (identify the engagement types that existed and were required to be selected, period) 	<p><i>No change recommended. Singular/plural was added intentionally for completeness projects and consideration in hearings/fair procedures.</i></p>
210.68r	MICPA	<ul style="list-style-type: none"> .68 r (i): To clarify the requirements, The first bullet point (i) should be broken into five bullets (bullets ii through v would be re-numbered): <ul style="list-style-type: none"> “r. in a report with a peer review rating of pass with deficiencies or fail, <ul style="list-style-type: none"> i. Number each deficiency or significant deficiency (if more than one). ii. Refer to the applicable requirements of the Statements on Quality Control Standards. iii. Describe each deficiency (normally expressed as the systemic cause, the condition that led to the deficiency or significant deficiency). iv. Describe the specific error(s) identified only to the extent necessary to understand the issue (see PRP 4250 for guidance) 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.68 The written report in a system review should (Ref: par. .A63)</p> <p>...</p> <p>r. in a report with a peer review rating of pass with deficiencies or fail,</p> <p><u>i. each deficiency or significant deficiency should be numbered and include</u></p> <p><u>1.a include description_s of the deficiencies or significant deficiencies (each of these</u></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
		v. If applicable, state that this resulted in nonconforming engagements	should be numbered), which include 2. -reference to the applicable requirements of the Statements on Quality Control Standards, 3. the scenario that led to the deficiency or significant deficiency, and 4. reference to nonconforming engagements as a result of the deficiency or significant deficiency, if applicable.
210.69	PICPA	<ul style="list-style-type: none"> .69 – We recommend indicating specifically where in the report the sentence should be added for consistency purposes. We also propose the report should be modified by removing any references to an “audit” practice. The reference should read as “the accounting practice.” 	<i>No change recommended – The standards define “accounting and auditing practice”, and consistent language is used accordingly.</i>
210.70g	PICPA	<ul style="list-style-type: none"> .70 – Point (g) references supplemental checklists. What other checklists are required to be submitted other than the Part A checklist? 	<i>No change recommended. Reference to “profiles” is also plural in the event more than one single audit is selected for review.</i>
210.A14	LCPA	<ul style="list-style-type: none"> Risk Assessment re: Selection of Offices – change to list of factors to consider PR-C 210.A14 in the E.D. removed .56 g’s risk factor to be considered in selection of offices: “Significant clients’ fees to practice office(s) and partner(s)”. Was consideration of fees intended to be removed or does 210.A14 a’s inclusion of “size” include relative fees? 	<i>No change recommended. Does not represent any technical inaccuracy. The simplified language is intended to maintain principles approach.</i>
210.A21	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to clarify that a firm may request an extension or a scope limitation may be reflected in the peer review report. Existing wording was determined to imply the reviewed firm would prepare its peer review report. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A21 Examples of when a firm may either request an extension, or include a scope limitation <u>may be reflected in its peer review report</u> include, but are not limited to, the following:</p> <p>a. A firm performing its first must-select engagement with a period end during the peer review year that has not been issued prior to the commencement of the review</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			b. A firm performing an initial engagement for a client and there are no other initial engagements that have been issued during the peer review year, nor are there any for the prior period
210.A23	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to clarify that the application material is referring to a member of the review team. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A23 At least one engagement from each must-select engagement type should be reviewed according to paragraph .27. A must-cover engagement is not required to be reviewed but should be considered in the reviewer’s peer review risk assessment. A <u>member of the reviewer team</u> should have at least recent experience in the must-select and must-cover engagements performed by the reviewed firm.</p>
210.A35	MICPA	<ul style="list-style-type: none"> .A35, Exhibit A: I find the graphic (a) hard to use; and (b) it doesn’t seem to get at the crux of what people are missing out on (primarily systemic causes). See the suggestion below, at the end of these comments. 	<p><i>No change recommended. The proposed graphic is appreciated, however the STF believes it would be better suited to leverage the suggestion in reviewer training, and as such will be considered in development of reviewer training by ECTF.</i></p>
210.A48b	PICPA	<ul style="list-style-type: none"> .A48b – We feel as though the proposed example appears to imply that if a firm does not receive annual independence confirmations it could result in a deficiency. Is that the implied intent? 	<p><i>No change recommended. Application material leading paragraph notes these are examples of design or compliance matters and that the reviewer concluded firm would not have reasonable assurance of performing or reporting in conformity with applicable professional standards in one or more respects.</i></p>
210.A53	PRA	<ul style="list-style-type: none"> .A53, “exit conference” should be replaced with “closing meeting”. 	<p><i>No change recommended. Consistent with extant interpretation 35-1 and 35-2 which state “exit conference”.</i></p>
210.A58	PICPA	<ul style="list-style-type: none"> .A58 – Point “a” is not an accurate statement. Team captains do NOT have access to the Referral Database on AICPA’s SharePoint site. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>.A58 Examples of how a team captain may discover significant issues include the following:</p> <ul style="list-style-type: none"> a. The team captain reviews the referral database and identifies a referral specific to the firm or a professional within the firm. <u>b-a.</u> The AE provides the team captain with a referral <u>specific to the firm or a professional within the firm.</u> <u>e-b.</u> The team captain identifies information about significant issues within a firm from a news outlet or publicly available website (for example, via the PCAOB, state board of accountancy, and so on).
210.A66	STF & AICPA Staff	<ul style="list-style-type: none"> • Propose revision for language regarding submission of peer review documentation to clarify who may request working papers for purposes of oversight. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A66 All peer reviews <u>are subject to oversight and</u> working papers <u>are subject to oversight procedures and</u> may be requested <u>later by the AE or AICPA staff.</u></p>
210.A69.09	OSCPA	<ul style="list-style-type: none"> • .A68.09 some examples are provided about relying on the firm’s inspection as part of peer review. In one of the examples, the peer reviewer is integrally involved in the firm’s inspection process in the peer review year, and in another, the peer reviewer helped the firm implement guidance in their internal control system. Aren’t those two examples independence impairments? The examples should be clarified regarding the circumstances that cause these to not be independence impairments. 	<p><i>No change recommended. Peer reviewers participating in internal inspections to reduce testing does not represent an issue with independence.</i></p>
210 (Exhibit B)	PRA	<ul style="list-style-type: none"> • Illustration – A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass: <ul style="list-style-type: none"> ○ Firm Responsibility section - Addition of the phrase “the requirements of” in the first sentence of paragraph unnecessary. We suggest the phrase be deleted. ○ Peer Reviewer’s Responsibility section – Rephrased paragraph. We suggest that the language be reverted back to the current template language - “Our responsibility is to express an opinion 	<p><i>No change recommended. Phrasing was clarified for specificity regarding professional standards and more plain English in reviewer’s responsibility.</i></p>

PR-C#	From	Comment or suggestion	STF recommendation
		on the design of the system of quality control and the firm's compliance therewith based on our review."	
210 (Exhibit B)	PICPA	<ul style="list-style-type: none"> Illustration 5 (deficiency #1) – We understand this is an example report, but reviewers do use these samples as a guide for writing their own non-pass reports. The deficiency discusses how the partner did not have the appropriate knowledge and skills to perform the employee benefit plan (EBP) audit. However, the report does not describe any specific reporting or performance deficiencies with respect to the EBP audit. It is unclear as to why the EBP audit is non-conforming. There are no regulatory agency CPE requirements for EBP audits. It comes across as though the acceptance of the EBP audit is the sole reason the audit is deemed as non-conforming. 	<i>No change recommended. 1a addresses engagement acceptance and 1b notes another contributing factor that the firm's QCPP was not adequate (design) regarding training for personnel in new industries and service areas.</i>
210 (Exhibit B)	PICPA	<ul style="list-style-type: none"> Exhibit B (all illustrations) – We recommend the must-select footnote also include the guidance currently included in Section PRP 3100, the supplemental guidance, on Peer Review Reports and Firm Representation Letters for System Reviews that Include Engagements Subject to Government Auditing Standards and the Single Audit Act. 	<i>No change recommended. FN4 of Exhibit B was developed to capture the stated requirements from extant 3100.</i>
220	<u>General Principles and Responsibilities for Reviewers — Engagement Reviews</u>		
220.07	PRA	<ul style="list-style-type: none"> .07, the reference to (Ref: par. .A2) does not appear to be applicable and should be deleted. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.07 The review captain should obtain from the reviewed firm the following: (Ref: par. .A2)</p>
220.22	PRA	<ul style="list-style-type: none"> .22 discusses the DMFC on an engagement review. The discussion appears to provide only two paths of disposition for MFCs (either FFC or deficiency). Does this language imply that all MFCs on an engagement review must be elevated in some manner? 	<i>No change recommended. The definition of a matter, finding, and deficiency should be considered in determining appropriate disposition. The MFC is the starting point and if elevated, has the two potential paths described.</i>
220.22	PICPA	<ul style="list-style-type: none"> .22 – It appears as though only two dispositions are being proposed for a MFC on an engagement review. Is that accurate? If the matter is not being elevated to an FFC or report, are the proposed standards indicating an MFC should not be prepared? 	<ul style="list-style-type: none"> <i>A matter is one or more “no” answers that were not resolved to the review captain's satisfaction</i>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<ul style="list-style-type: none"> • A finding is one or more matters that the review captain concludes result in an engagement not performed or reported on in conformity with the requirements of applicable professional standards • A deficiency is one or more matters that the review captain concludes result in an engagement that is not performed or reported on in conformity with the requirements of applicable professional standards in all material respects
220.24a & .32 310.A13a (in sec. below)	PRA	<ul style="list-style-type: none"> • .24(a); .32; A13(a) we suggest that the phrase “type of report” be replaced with “report rating”. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>[.A13(a) noted by PRA is actually referring to 310.A13(a)]</p> <p>.24 Prior to issuing the report or finalizing MFCs and FFCs, if applicable, the review captain should communicate the conclusions to the firm at a closing meeting. The review captain should discuss the following during the closing meeting: (Ref: par. .A9–.A11)</p> <ol style="list-style-type: none"> a. Preliminary peer review results, including any matters, findings, or deficiencies, and the type-of report to-be-issued<u>rating</u> <p>.32 To determine the type-of report rating<u>to-issue</u>, the review captain should use the results of the evaluation of engagements reviewed. (Ref: par. .A19–.A23)</p>
220.28	STF & AICPA Staff	<ul style="list-style-type: none"> • Propose removal of the paragraph; considered unnecessary as this is an implied requirement that peer review documentation should be submitted by the due date. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.28 The exit conference should be held prior to the review due date.</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
220.33h	PRA	<ul style="list-style-type: none"> .33 We suggest that a URL bullet point be added (similar to 210.68h) 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p><u>h. include a URL reference to the AICPA website where the standards are located, and state that the summary includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.</u></p>
220.A11	PICPA	<ul style="list-style-type: none"> .A11 – Review captains are approved based on their level of experience (i.e., reviews, compilations, agreed upon procedures, etc.) and not based on industry experience for engagement reviews. We propose the standards explain when or why it would be necessary to add a team member or specialist? 	<p><i>No change recommended. Criteria for review captain approval does not appear appropriate reasoning to explain the rare instance that a team member would be added.</i></p>
220.A18	PICPA	<ul style="list-style-type: none"> .A18 – Point “a” is not appropriate. Review captains do NOT have access to the Referral Database on AICPA’s SharePoint site. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows (similar to above in 210.A58):</i></p> <p>.A18 Examples of how a review captain may discover significant issues include the following:</p> <ul style="list-style-type: none"> a.—The review captain reviews the referral database and identifies a referral specific to the firm or a professional within the firm. <u>b.a.</u> The AE provides the review captain with a referral <u>specific to the firm or a professional within the firm.</u> <u>e.b.</u> The review captain identifies information about significant issues within a firm from a news outlet or publicly available website (for example, via the PCAOB).
220 Appx A	OSCPA	<ul style="list-style-type: none"> Appendix A, the distinction between missing a critical element and the omission of a phrase would benefit from additional clarification. For example, committee members noted that at the peer review conference, it was stated that certain phrases (in a basis of accounting example) are considered a critical element because they are bulleted in the standard. 	<p><i>No change recommended. Considered more specific examples, however STF preferred to allow for more reviewer judgement in determining critical elements. Consistent guidance has been recommended with recent alert regarding evaluating noncompliance with SSARS No. 25.</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
220 Appx A	STF & AICPA Staff	<ul style="list-style-type: none"> Propose to remove the term ‘common’ from the appendix title as it is considered unnecessary, given that the title clearly states the issues within are examples. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Appendix A — Common Examples of Noncompliance With Applicable Professional Standards</p>
220 Exhibit B Illust. 3	STF & AICPA Staff	<ul style="list-style-type: none"> Propose to remove fictional name from sample report to be consistent with other illustrations. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>Smith, Jones and Associates</p>
220 (Exhibit B)	PICPA	<ul style="list-style-type: none"> Exhibit B (Illustrated Report) – We propose that the illustrations include a sample report for when only one engagement is included in the scope or please modify footnote 1. The note currently implies the only change necessary is in the title, which is not completely accurate. Other revisions are necessary throughout the report to reference a singular engagement vs. plural engagements. 	<p><i>No change recommended. FN1 states “The title <u>and</u> <u>body</u> should be tailored as appropriate when a single engagement is reviewed.”</i></p>
300	<u>General Principles and Responsibilities for Reviewed Firms</u>		
300	PRA	<ul style="list-style-type: none"> .11 specifically references the need for firm letterhead on representation letters. However, the extant standards/guidance do not necessarily require this. 	<p><i>No change recommended. The intent of 300.11 is to be explicit in the standards. Extant guidance in paragraph .23 of PRP4100 does indicate the need for firm letterhead; the inconsistency was identified as part of the clarity project and STF concluded an explicit requirement is appropriate.</i></p>
300.20	STF & AICPA Staff	<ul style="list-style-type: none"> Propose additional language for technical accuracy regarding firm resignations. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.20 A firm may resign from the program when it is no longer performing engagements that require the firm to undergo a peer review. To resign from the program, a firm should submit a written request to the administering entity before the firm’s peer review has commenced. A firm should consult with its state board of accountancy to</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			determine if there are rules that require enrollment in peer review even if the firm does not perform services that include issuing reports <u>or when it is no longer performing engagements that require a firm to undergo a peer review.</u>
300	PRA	<ul style="list-style-type: none"> .A14 describes a specific reenrollment situation which appears to be different than the extant interpretation 5h-2 and would now require hearing panel consideration for reenrollment. We suggest striking item (ii). <p>“.A14 Reenrollment decisions subject to approval by a hearing panel of the board include, but are not limited to, the following...ii. failing to submit the reviewed firm’s peer review by a required due date after being dropped for the preceding reason and subsequently being allowed to reenroll.”</p>	<i>No change recommended. Notion is included in extant interpretation 5h-1 and considered appropriate to be kept regarding re-enrolling firms that do not comply with due date after being allowed back into the program.</i>
310	<u>General Principles and Responsibilities for Reviewed Firms — System Reviews</u>		
310.13	MICPA	<ul style="list-style-type: none"> .13: Will there be a new MFC form asking the firm to identify the systemic cause? (That would be fully supported! Systemic cause is currently not on our MFC forms) 	<i>No change recommended. Current MFC form states: “Reviewer’s Description of the matter (include systemic cause, when possible)”</i>
310.14	MICPA	<ul style="list-style-type: none"> .14: can we separate letter (a) into 2 different items (one for remediating the QC system, and one for remediation of nonconforming engagements)? Too often I see the firms conflating these two concepts and it would be helpful to separate them in the standards. 	<i>No change recommended. Clarity drafting conventions were intentional to avoid duplication of language to the extent possible. Current structure is adequate and indicates that both (1) timing and (2) ensuring not repeated in future are addressed for remediating QC system and for nonconforming engagements.</i>
310.14	PICPA	<ul style="list-style-type: none"> .14 – Points (a) and (b) pertain to a FFC and Letter of Response, but points (c), (d), and (e) only pertain to the LOR. Consider clarifying so it is clear for reviewers and firms. (MICPA had a similar comment) 	<i>Proposed revision included in Agenda Item 1.2A as follows:</i>
310.14	MICPA	<ul style="list-style-type: none"> .14: items c, d & e should relate only to a deficiency or significant deficiency (when a LOR is required), and not to a finding. 	<i>.14 The firm’s responses to findings, deficiencies, or significant deficiencies should (Ref: par. .A14–.A19) a. include the firm’s actions taken or planned to remediate the findings or deficiencies in the firm’s</i>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>system of quality control and nonconforming engagements, if applicable, including</p> <ul style="list-style-type: none"> i. timing of the remediation and ii. additional procedures to ensure the finding or deficiency is not repeated in the future. <ul style="list-style-type: none"> b. be feasible, genuine, and comprehensive. c. be addressed to the AE's peer review committee (committee) <u>in a letter of response, if applicable.</u> d. be dated as of the exit conference date <u>in a letter of response, if applicable.</u> e. be on firm letterhead <u>in a letter of response, if applicable.</u>
310.A13a	PRA	<ul style="list-style-type: none"> • See comment above on 220.24 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A13 The closing meeting is designed to provide sufficient time for the firm to determine the appropriate responses to peer review results and for the reviewer to evaluate the firm's responses. The following are discussed during the closing meeting:</p> <ul style="list-style-type: none"> a. Preliminary peer review results, including any matters, findings, deficiencies, or significant deficiencies, and the type of report expected <u>report rating to be issued</u> if determinable at this point
310.A16	MICPA	<ul style="list-style-type: none"> • .A16 It would be helpful to add language to encourage the firm's remediation of their QC system to be responsive to the systemic cause(s). 	<p><i>No change recommended. Remediation of QC system is implied when addressing findings, deficiencies, or significant deficiencies on a system review.</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
310.A20	PICPA	<ul style="list-style-type: none"> .A20 – We do not understand how a RAB can accept a review, with non-conforming engagements, when the firm has not confirmed its final intent with respect to remediation. Are the standards now proposing that RAB accept a review without a complete or appropriate response from a firm? What does it mean to assign an implementation plan or corrective action for the firm to provide its final remediation? Will these new action codes be programmed into PRIMA? 	<p><i>No change recommended. Because the reviewer, AE, or RAB cannot require the firm to recall or reissue reports, the wording was specifically developed with that fact in mind.</i></p>
310.A26	PICPA	<ul style="list-style-type: none"> .A26 – When a firm performs no audits but elects to have a system review, we propose the representation letter be modified to remove any references to an “auditing” practice. 	<p><i>No change recommended regarding proposed tailoring of rep letter. Accounting and auditing practice is explicitly defined in PR-C section 100.</i></p>
310.A26	PICPA	<ul style="list-style-type: none"> .A26 – Consider clarifying the name of the reviewed firm’s representative by asking for the signature as well as the printing of the name of the representative to ensure legibility. 	<p><i>No change recommended regarding signature as this is not an explicit requirement in paragraph .16.</i></p>
310.A26	PRA	<ul style="list-style-type: none"> .A26 includes an exhibit of an illustrative representation letter for a system review that does not include a footnote or sample language for restrictions that a firm may need to describe in the second to last paragraph whereas the illustrative representation letter in the current guidance does include sample language. We suggest that a footnote be added to the proposed exhibit with sample language for the types of restrictions a firm may need to describe in the second to last paragraph. 	<p><i>STF recommends reference in .A26 to connect the requirements for matters to report to the team captain, which are included in paragraphs .16 and .17.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A26 The following illustrative letter includes written representations that are required by paragraphs .16 and .17 of this PR-C section. The firm may tailor the language in this illustration and refer to attachments to the letter as long as adequate representations pertaining to the matters previously discussed, as applicable, are included to the satisfaction of the team captain.</p>
310 (Exhibit A)	PRA	<ul style="list-style-type: none"> Exhibit A – Illustrative Representation Letter <ul style="list-style-type: none"> ○ 2nd Paragraph - Revisions to licensure language. We suggest that the language be reverted back to the current template language. ○ Must Select Paragraph - Addition of “and issued their respective reports.” We suggest the phrase be deleted. 	<p><i>No change recommended. Wording was modified with the intent to be more technically accurate and read in more plain English.</i></p>

PR-C#	From	Comment or suggestion	STF recommendation
		<ul style="list-style-type: none"> ○ Remediation Paragraph – Revised phrasing. We suggest that the language be reverted back to the current template language (though new language is likely a bit better). 	
310 (Exhibit B)	PICPA	<ul style="list-style-type: none"> • All illustrations in Exhibit B – Are the new standards proposing the LOR must now be signed by a member of management with his or her name as opposed to the firm name? The illustration indicates the name of the reviewed firm representative. Also, footnote 4 references paragraph .27 of Section 200, and we believe this should likely reference paragraph .25. 	<p><i>No change recommended regarding signature – STF considered this a minor change from current peer review standards to require signature of management, which is intended to align with the spirit of the requirement that management is responsible for the firm’s system of quality control and remediation thereof. STF agrees that a revision to the FN is appropriate.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>[FN4] These are members of management as described in paragraph .2527 of section 200, General Principles and Responsibilities for Reviewers.</p>
310 (Exhibit B)	STF & AICPA Staff	<ul style="list-style-type: none"> • Propose revision for consistency to all LOR illustrations in Exhibit B: include a statement that the firm believes the actions described are responsive to the deficiencies noted on the review. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>[...] <u>We believe these actions are responsive to the deficiencies noted on the review.</u></p> <p>Sincerely, [Name(s) of reviewed firm representative(s)]</p>
320	<u>General Principles and Responsibilities for Reviewed Firms — Engagement Reviews</u>		
320.14	PICPA	<ul style="list-style-type: none"> • .14 – Points (a) and (b) pertain to a FFC and the LOR but points (c), (d), and (e) only pertain to the LOR. Consider clarifying so it is clear for reviewers and firms. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.14 The firm’s responses on the FFCs and letter of response should (Ref: par. .A11–.A14)</p> <p>a. include the firm’s actions taken or planned to remediate the findings or deficiencies, including</p> <p>i. timing of the remediation and</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<ul style="list-style-type: none"> ii. additional procedures to ensure the finding or deficiency is not repeated in the future. b. be feasible, genuine, and comprehensive. c. be addressed to the AE’s peer review committee <u>(committee) in a letter of response, if applicable.</u> d. be dated as of the exit conference <u>in a letter of response, if applicable.</u> e. be on firm letterhead <u>in a letter of response, if applicable.</u>
320.A9	PRA	<ul style="list-style-type: none"> • .A9(a) we suggest that the phrase “type of report” be replaced with “report rating”. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A9 The closing meeting is designed to provide sufficient time for the firm to determine the appropriate responses to peer review results and for the reviewer to evaluate the firm’s responses. The following are discussed during the closing meeting:</p> <ul style="list-style-type: none"> a. Preliminary peer review results, including any matters, findings, or deficiencies, and the type of report expected <u>report rating to be issued</u>, if determinable at this point
320.A12	PICPA	<ul style="list-style-type: none"> • .A12 – To match Section 310, we propose this sentence start out as follows: “The committee may require the firm to make and document appropriate considerations ... etc.” 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.A12 The AE’s peer review committee (the committee) or report acceptance body (RAB) may require the firm to make and document appropriate considerations regarding nonconforming engagements as a condition of acceptance of the peer review. The firm’s response may affect other monitoring actions the committee may impose, including actions to verify that the firm adheres to the intentions indicated in its response.</p>
320.A19	PICPA	<ul style="list-style-type: none"> • Same as Section 320 above; cross-reference to requirements for representation letters. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			.A19 The following illustrative letter includes written representations that are required by paragraphs .16 and .17 of this PR-C section. The firm may tailor the language in this illustration and refer to attachments to the letter as long as adequate representations pertaining to the matters previously discussed, as applicable, are included to the satisfaction of the review captain.
320.A19	PICPA	<ul style="list-style-type: none"> .A19 – The references to SOC1 and SOC2 include the registered trademark symbols. If deemed appropriate and required, the reference is not consistent throughout the proposed standards. Other references to SOC1 and SOC2 do not include the trademark symbol. 	<i>AICPA editorial team identified the need for SOC trademark in the instance of describing the suite of requirements, not the specific engagement types. If change is considered necessary, it will be addressed in final editorial read of the standards prior to publishing.</i>
320 (Exhibit B)	PICPA	<ul style="list-style-type: none"> Exhibit B – Are the new standards proposing the LOR must now be signed by a member of management with his or her name as opposed to the firm name? The illustration indicates the name of the reviewed firm representative. Also, footnote 4 references paragraph .27 of Section 200, and we believe this should likely reference paragraph .25. 	<p><i>No change recommended regarding signature – STF considered this a minor change from current peer review standards to require signature of management, which is intended to align with the spirit of the requirement that management is responsible for the firm’s system of quality control and remediation thereof. STF agrees that a revision to the FN is appropriate.</i></p> <p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>[FN4] These are members of management as described in paragraph .2527 of section 200, General Principles and Responsibilities for Reviewers.</p>
400	<u>General Principles and Administration Responsibilities</u>		
400 Appx A	PICPA	<ul style="list-style-type: none"> We propose a table similar to the one included in the current RAB Handbook (pg. 120) be included to assist in the analysis of when to present a firm to the committee for non-consecutive pass reports. Reading and understanding the guidance in sentence format is difficult. 	<i>No change recommended. Guidance is included in table form in Appendix A - Failure to Cooperate or Comply With the Requirements of the Program Referral Responsibilities</i>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
400 Appx A	PICPA	<ul style="list-style-type: none"> The middle of the page includes a reference to Appendix A, but no Appendix A is included in the draft standards. 	<i>No change recommended. Appendix A is included (Failure to cooperate or comply...)</i>
400.07 (f-g)	STF & AICPA Staff	<ul style="list-style-type: none"> Propose paragraph .07 be revised for completeness of items listed. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.07 The AE should retain peer review documentation at least 120 days, but no more than 150 days, after the peer review completion date, except for the following, as applicable: (Ref: par. .A9–.A10 ... f. Letters requesting the firm’s completion of implementation plans <u>and corrective actions</u> g. Letters requesting the firm’s completion of additional <u>implementation plans and</u> corrective actions</p>
400.23	PRA	<ul style="list-style-type: none"> .23 indicates that, “A minimum of three RAB members who are independent and free from any conflicts of interest should evaluate each peer review that requires RAB consideration. To accept any motions related to a peer review, a majority of the RAB members, but no fewer than three {emphasis added}, should agree to carry the motion.” This appears to be more restrictive than the current RAB Handbook guidance and appears to disallow a 2-1 vote in a three-person RAB. We suggest striking “no fewer than three” from the last sentence. 	<p><i>Proposed revision to FN included in Agenda Item 1.2A as follows:</i></p> <p>.23 A minimum of three RAB members who are independent and free from any conflicts of interest should evaluate each peer review that requires RAB consideration. To accept any motions related to a peer review, a majority of the RAB members; but no fewer than three, should agree to carry the motion.</p>
400.32	PRA	<ul style="list-style-type: none"> .32 appears to be raising the bar from what is required to replace or waive an action in the current RAB Handbook. We suggest striking letter (b). <p>.32 If the reviewed firm requests a replacement or waiver of an action because it will no longer perform engagements in the industry or level of service related to the action, the RAB should replace or waive the action and require the firm to provide a written representation that:</p> <ol style="list-style-type: none"> states the firm is no longer performing or has plans to perform engagements in that industry or level of service. includes a listing of such engagements that were issued since the last peer review year-end. 	<i>No change recommended. Extant RAB handbook (page 118) does state a requirement consistent with item b., when a firm represents it is no longer performing certain engagements.</i>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
		<ul style="list-style-type: none"> c. is signed by the appropriate member of management. d. is included in the letter of response if the firm represents it will no longer perform certain types of engagements or engagements in a specific industry prior to the review being submitted for acceptance.” 	
400.35-.36	OSCPA	<ul style="list-style-type: none"> • .35-.36 unclear regarding referrals to hearing panels for consecutive non-pass peer reviews, but found the guidance in Appendix A .17-.19 to provide the missing clarity. Perhaps the language from Appendix A.17-.19 should be included in Section 400 .35-.36. 	<i>No change recommended. There is a broad requirement, and application material provided in Appendix A that is intended to be considered in various situations.</i>
400.45	STF & AICPA Staff	<ul style="list-style-type: none"> • Propose revision to include technical reviewer training requirement (Extant PRP 3300 – Chapter 2, I.A.2) that was inadvertently omitted. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p><u>c. complete initial technical reviewer training that meets the requirements established by the board within 12 months before serving as a technical reviewer and complete or attend one of the following every calendar year thereafter:</u></p> <ul style="list-style-type: none"> <u>i. a technical reviewer update training course developed by the AICPA</u> <u>ii. the annual AICPA peer review conference</u>
400.49	PICPA	<ul style="list-style-type: none"> • .49 – The proposed standards indicate a Tech. Reviewer can accept reviews on behalf of the RAB when MFCs only exist on a compilation or preparation engagement. However, this contradicts guidance at 200.22, which implies there are now only two dispositions for an engagement review, and an MFC-only is not one of them. Please elaborate. 	<p><i>Consistent with clarified definition of a matter on engagement reviews, which should be disposed via an FFC form or deficiency, proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.49 When engagement reviews meet the criteria to be accepted by the technical reviewer and such authority has been granted by the committee or RAB, the technical reviewer should accept the review on behalf of the RAB within 60 days of receipt of the working papers from the review captain. The technical reviewer should accept engagement reviews on the RAB's behalf only if such authority has been granted and the review meets the following minimum criteria:</p> <ul style="list-style-type: none"> a. No The only matters (MFCs) are noted and matters for further consideration (MFCs) prepared relate

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>to compilation or preparation engagements performed in accordance with the Statements on Standards for Accounting and Review Services.</p> <p>b. The review was not subjected to oversight.</p> <p>c. The technical reviewer did not identify any reviewer performance feedback.</p> <p>d. There are no other issues associated with the peer review warranting committee consideration or action that could affect the results of the peer review.</p>
400.52	LCPA	<ul style="list-style-type: none"> .52 requires technical reviewers to approve extension requests for CA/IMPs or send for RAB's evaluation. AE staff should also be allowed to approve those extensions, subject to the committee's policy. 	<p><i>No change recommended. RABs are responsible for acceptance of reviews and therefore any extensions; technical reviewers have limited ability to do so under certain circumstances.</i></p>
400.A20	LCPA	<ul style="list-style-type: none"> A.20 states, "...the AE may consult with AICPA staff and establish safeguards..." "May" is confusing. Unsure if it intended that "may" applies to both: consulting with AICPA staff and also to establishing safeguards. Or is it intended that the AE may establish safeguards without consultation with AICPA staff? 	<p><i>No change recommended – The use of 'may' is intentional as application material is for applying the standard depending on facts and circumstances.</i></p>
400.A27	LCPA	<ul style="list-style-type: none"> .A27 b states that a RAB member from another AE is not eligible to vote on acceptance of a review. This restriction is not in the RAB Handbook. There should not be a second class of participation. There is concern about the potential effect upon on a RAB's quorum count. 	<p><i>No change recommended. The intent is for the consultant to provide additional technical expertise so that the RAB can reach an acceptance decision.</i></p>
400.A45.1 8 (Appx A)	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to paragraph as correction to align with extant guidance in PRP 3300 - Only scenario where no PRC vote is required is where there are three consecutive non-pass reviews. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p><u>Assessment by the committee, referral to board hearing panel must be supported by two-thirds vote of full peer review committee.</u>No action required.</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
400 (Appx B)	PICPA	<ul style="list-style-type: none"> Appendix B – Disagreements .A46.03a and .03b – Please consider indicating that either party “should consult” with the AE as opposed to “may consult.” The language in point (b) seems to imply a firm can either explain the reasons for the disagreement in the MFC, FFC, and LOR or request it be presented to a disagreement hearing panel. We propose the “or” at the end of (ii) be changed to “and.” We want to avoid situations where a review is submitted and the first time, we learn of a disagreement is during the technical review process. 	<i>No change recommended. Would not be appropriate to establish such a requirement in application guidance and word-choice may be used intentionally for that reason.</i>
400	PICPA	<ul style="list-style-type: none"> Appendix B – .05 – Why are the standards proposing that requests for a disagreement panel be submitted to the AE via a method that provides proof of delivery? 	<i>No change recommended. Comment does not provide any suggested edits and statement in .05 does note it may be via electronic means.</i>
410	<u>The Report Acceptance Process</u>		
410	PRA	<ul style="list-style-type: none"> .15(a)(ii) we suggest that the phrase “type of report” be replaced with “report rating”. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>ii. An incorrect type of report <u>rating</u> has been issued or deficiencies or significant deficiencies are omitted.</p>
410.08j	PRA	<ul style="list-style-type: none"> .08j appears to add a new requirement regarding the scope of CART engagement review technical reviews in comparison to current RAB Handbook guidance – “For reviews with a committee appointed review team, all peer review working papers.” This implies that for CART reviews, technical reviewers need to review all engagement checklists. We suggest striking letter (j) from the list. 	<i>No change recommended. Extant RAB handbook (Chapter 2 –Section II.D) states “The technical reviewer performs a complete working paper review on all committee-appointed review team (CART) Engagement Reviews and, when deemed necessary, on certain firm-on-firm reviews.”</i>
410.06h & .09g	PICPA	<ul style="list-style-type: none"> We propose that, in this section, the standards include information about which reviews and other items can be placed on the consent agenda or reference the definition of consent agenda in Section 100. 	<p><i>Proposed revision to FN included in Agenda Item 1.2A (revision to 410.06h and 410.09g to reference the definition in section 100) as follows:</i></p> <p>“...If the review meets consent agenda criteria <u>as defined in paragraph .11 of section 100</u>, if applicable”</p>
420	<u>Corrective Actions and Implementation Plans</u>		

PR-C#	From	Comment or suggestion	STF recommendation
420.A8	PICPA	<ul style="list-style-type: none"> .A8 – The standards are proposing that a RAB or AE may recommend that a firm request a change in year-end of its subsequent peer review for various reasons, which would put a firm “off cycle.” This means there would be more than three years between the firm’s current and subsequent review. <ul style="list-style-type: none"> We propose that the standards also provide guidance for RABs and AEs to consider when it becomes necessary to direct a firm “back on cycle,” which means there could only be two years until the firm’s following review, ensuring a firm is averaging a peer review every three years as required. As noted in the standards, there are various reasons a RAB or AE may recommend a firm request a year-end change. Some of the reasons stem from the timing of corrective action a firm is required to complete as a result of receiving a non-pass rating. Additionally, there may be firms that are either dropped or terminated from the program who look to be reinstated a year or two later. It does not seem appropriate that these firms could then have more than three years between two reviews. For this reason, we propose the standards also provide guidance for RABs and AEs to consider when it becomes necessary to direct a firm “back on cycle,” which would ensure a firm is averaging a peer review every three years as required. There are also outside agencies to consider (i.e., GAO and state boards of accountancy) and their expectations and requirements for a peer review every three years. 	<p><i>No change recommended. When discussing related comments, the STF did not believe an explicit requirement or other standard language would contemplate specific situations; individual facts and circumstances should be evaluated when determining whether change is necessary to a firm’s peer review year-end and related 3-year cycle.</i></p> <p><i>Any explicit requirement in this regard was considered to be outside of the scope of the clarity project, as the extant guidance does not address the notion of changing a firm’s year-end to put it back on cycle, according to PRP1000.15 and .19:</i></p> <p><i>“.15 A firm’s subsequent peer review ordinarily has a due date of three years and six months from the year-end of the previous peer review.”</i></p> <p><i>“.19 If a firm resigns from the program and subsequently reenrolls in the program, the firm’s due date is the later of the due date originally assigned or 90 days after reenrolling.”</i></p> <p><i>Interpretation 19-1 also notes in re-enrollment situations, that a firm’s subsequent peer review ordinarily will be due 3 years and 6 months from the new peer review year-end.</i></p>
420 (Appx A)	PICPA	<ul style="list-style-type: none"> In the sample letter “ON AN OUTSIDE PARTY’S REVIEW OF A SUBSEQUENT ENGAGEMENT—CORRECTIVE ACTIONS,” consider the following suggested revision for point (b): “Reviewed the report, financial statements, and working papers for a June 30, 20XX, not-for-profit audit engagement...”. The inclusion of the year-end of the engagement reviewed, as part of corrective action, assists with the determination of additional corrective action (pre or post review) and, if it is a very old review, whether a particular reviewer is independent or not when the firm is scheduling their next review. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>On April 19th, 20XX, after the completion of its 20XX inspection, I performed the following procedures:</p> <p>...</p> <p>a. Reviewed the working papers of selected engagements included in the inspection <u>with periods ending June 30, 20XX</u> and any changes in the firm’s quality control materials to evaluate</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>the effectiveness of the inspection and the corrective actions implemented by the firm as a result of its 20XX peer review.</p> <p>[...]</p> <p>I performed the following procedures:</p> <p>...</p> <p>a. Reviewed the report, financial statements, and working papers for a not-for-profit audit engagement <u>for the year ended June 30, 20XX</u>, issued subsequent to the peer review to determine whether the engagement was performed in accordance with professional standards in all material respects. I documented my review using the AICPA “Not-for-Profit Audit Engagement Checklist.”</p>
430	<u>Reviewer Monitoring and Performance</u>		
430	PICPA	<ul style="list-style-type: none"> .05 – We recommend including a point to indicate that feedback should not be issued for matters handled through other processes (i.e., submission of late workpapers). This should be communicated to reviewers through the issuance of an overdue work paper or TR response letter. 	<i>No change recommended in for including a point to indicate feedback should not be issued under the circumstances described.</i>
430.05d	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to list of individuals that sign feedback forms, as the RAB or committee are ultimately responsible for approving and issuing feedback. Technical reviewers will continue to have the ability prepare and recommend for committee/RAB approval through PRIMA. 	<p><i>Proposed revision included in Agenda Item 1.2A as follows:</i></p> <p>.05 Reviewer performance findings and performance deficiencies should (Ref: par. .A1–.A5)</p> <ol style="list-style-type: none"> a. be documented on a reviewer performance feedback form. b. be substantiated by peer review guidance. c. include sufficient explanation to ensure the reviewer understands the feedback.

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
			<p>d. be signed and dated by the RAB, the committee, <u>or a committee member</u>, or the technical reviewer.</p> <p>e. be approved by the RAB in conjunction with acceptance of the underlying peer review.</p> <p>f. be issued to the reviewer no later than the date the reviewer is notified that the underlying peer review was accepted.</p> <p>g. be issued regardless of whether the reviewer cooperated in revising documents or responding to questions and regardless of the status of the reviewer, including reviewers currently suspended or subjected to other corrective actions, suspensions, or limited restrictions.</p>
430.A9	STF & AICPA Staff	<ul style="list-style-type: none"> Consistent with proposed revision in section 200 - remove appendix A in section 200 and references to that location, as the rules of procedures are procedural in nature and maintained on the AICPA webpage. 	<p><i>Proposed revisions included in Agenda Item 1.2A as follows:</i></p> <p>.A9 Details of the appeal process are covered in <u>the appendix A</u>, "AICPA Peer Review Board Rules of Procedures for Reviewers," <u>which are maintained on the AICPA website of section 200</u>.</p>
430.A17, .A24, & .A30	STF & AICPA Staff	<ul style="list-style-type: none"> Propose revision to the application material to include inadvertent omission of guidance for situations that documents should be retained until resolutions are reached. 	<p><i>Proposed revisions included in Agenda Item 1.2A as follows:</i></p> <p>... <u>Do not destroy the working papers until all procedures have been performed and a resolution has been reached.</u></p>
430	PICPA	<ul style="list-style-type: none"> We propose the standards include guidance for RABs and AEs on how to evaluate and approve outside parties to perform corrective actions for a peer reviewer (i.e., pre-issuance review of peer review documents) similar to the guidance in PR-C Section 420 (.06) on approving outside parties to perform corrective actions or implementation plans. 	<p><i>No change recommended at this time; however, this suggestion is likely appropriate to consider in future development of additional application material.</i></p>
430	PICPA	<ul style="list-style-type: none"> We propose the standards include a sample report of what an outside party should issue to the Peer Review Committee based on their 	<p><i>No change recommended at this time; however, this suggestion is likely appropriate to consider in future development of additional application material.</i></p>

PR-C#	From	Comment or suggestion	STF recommendation
		performance of a corrective action for a peer reviewer (i.e., a pre-issuance review of peer review documents).	
0	Other/Overall comments		
	PRA	<ul style="list-style-type: none"> Guidance for Writing Deficiencies and Significant Deficiencies Included in System Review Reports (Section 4250), which provides illustrations and assistance when drafting System Review report deficiencies and significant deficiencies. Will this guidance continue to be available outside of the clarified standards or in some other form? 	<i>No change recommended as the comment does not propose suggested revisions, however if deemed necessary, the content of 4250 may be repurposed as a resource document or in other training materials.</i>
	VA BOA	<ul style="list-style-type: none"> Suggest a requirement that would prevent a firm/reviewer from an imbalance of peer review fees compared to accounting and auditing fees. 	<i>No change recommended. Considered outside the scope of clarifying the standards.</i>
	PICPA	<ul style="list-style-type: none"> Suggests relevant application guidance to immediately follow its respective requirement. 	<i>No change to proposal is recommended. The proposal is consistent with presentation format of other AICPA standards.</i>
	OSCPA	<ul style="list-style-type: none"> Intersection with new Quality Management Standards: The committee is concerned that the new ASB Quality Management Standards will set up engagement review firms to fail if the peer review standards do not provide for assistance to these firms through the peer review process. Suggestions include: <ul style="list-style-type: none"> Require confirmation in an engagement review that the firm has a quality management document. Require completion of the quality management review checklist in engagement reviews, and if there are “no” answers, provide the ability for the reviewer to supply recommendations to management that do not affect the results of the peer review. Include language in the representation letter with greater specifics than “I have a quality management system,” such as “I have a quality management document, which addresses all of the required elements of quality management.” 	<p><i>Through several iterations of discussion regarding the effect of SQMS on the peer review process, particularly engagement reviews, the task force believes the standards should be explicit that evaluation of a firm’s system of quality control (or ‘management’) is outside scope of performing an engagement review.</i></p> <p><i>Proposed revision is included in Agenda Item 1.2A as follows:</i></p> <p><u>.A25 Review of a firm’s documentation or procedures related to its system of quality control is outside the scope of an engagement review.</u> An engagement review does not include tests of the firm’s administrative or personnel files, interviews of selected firm personnel, or other procedures performed in a system review. Therefore, an engagement review does not provide the review captain with a basis for expressing any form of assurance on the firm’s system of quality control for its accounting practice.</p>

Agenda Item 1.2C

PR-C#	From	Comment or suggestion	STF recommendation
	NASBA	We do suggest that as future implementation guidance is developed, consideration be given to the use of electronic decision support technology to better enable users to locate guidance that they seek.	<i>No change to proposal recommended, however this is an appropriate suggestion for additional consideration for future accessibility of the standards and application material.</i>
	STF & AICPA Staff	Definitions with parentheticals for (system reviews) and (engagement reviews) will be re-ordered for consistent parallel structure. System review definitions first and engagement review definitions will be second to mirror organization of PR-C sections	<i>Note that proposed revisions are considered clerical and are included in Agenda Item 1.2A</i>

Agenda item 1.2D

From: [Dennis CARSON](#)
To: [PR_expdraft](#)
Subject: Changes in Peer Reviews
Date: Monday, September 20, 2021 12:48:06 PM

I was one of the four CPAs that wrote the Peer Review requirements for the firms. I agree with the changes set forth in the article, that is performing reviews offsite.

Dennis Carson
715-607-8849

Education is the Foundation for a Better Future

From: [Lambalot, Roland](#)
To: [PR_expdraft](#)
Subject: peer review
Date: Monday, September 27, 2021 12:39:42 PM

whatever you do is just another attempt to drive small firms out of business

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September 27, 2021

COMMENTS ON PROPOSED CHANGES TO AICPA STANDARDS FOR PERFORMING AND REPORTING ON PEER REVIEWS

I would like to comment on the proposed removal of the requirement that peer review documents for Single Audit engagements be included in materials for RAB meetings.

Initially this requirement was imposed due to concerns by regulators. I believe that concern still exists. During the recent Open Session call it was noted that this process has evolved and the requirement for the information to go to a RAB is no longer necessary, other than in rare cases or if requested by a RAB.

As a member of the Oversight Task Force, I performed a RAB Observation of an Administering Entity last year. With respect to a review of a Single Audit, the Engagement Profile was not included in the information provided to the RAB after being reviewed by technical reviewers. I noted that the peer reviewer had not identified this Single Audit engagement as a non-conforming engagement due to incomplete documentation of non-attest services. Based upon my comments, there were additional questions raised about whether the FFC should have included the documentation of threats and safeguards for the non-attest services. Also, responses to questions on the Single Audit engagement profile indicated that all safeguards for the non-attest services identified as a significant threat to independence were at the client level, and it further indicated that a high-risk A program was not audited as major. These issues were not identified by the technical reviewers as inconsistencies that needed to be resolved before the review could be presented to the RAB. After I noted these matters, the RAB was unable to determine if the engagement had been performed in accordance with professional standards and deferred the review.

The Single Audit Profile Sheet contains complicated subject matter that can be challenging when determining that all has been handled in accordance with current requirements. Technical Reviewers often review these documents prior to submission to the RAB, and while they must have 8 hours of Single Audit CPE in each 2-year period, there is no substitute for actual experience in auditing this type of engagement. That is the reason that each RAB must have at least one person with Single Audit experience included in the RAB. Recently a course for Technical Reviewers specific to reviewing this Single Audit information was created. While I believe this will help Technical Reviewers in their evaluation of Single Audit materials, it is still important to submit at least the Engagement Profile to the RAB for their consideration. This is extremely complex material and a RAB should be taking responsibility by reviewing the Profile Sheet. I agree it is unnecessary to submit the entire engagement checklist and the Part A checklist.

Suzanne Heidenreich

Suzanne Heidenreich, CPA
Heidenreich & Heidenreich, CPAs, PLLC

October 22, 2021
Mr. Brad Coffey
AICPA

Dear Mr. Coffey,

This letter is written in response to the request for comments on *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews, Clarification of AICPA Standards for Performing and Reporting on Peer Reviews*. I appreciate the opportunity to provide comments.

I am currently an accounting professor at Case Western Reserve University (CWRU) in Cleveland, Ohio. Prior to joining the faculty at CWRU in 2015, I was a partner and National Director of Assurance Services at RSM US LLP. I have twenty years of public accounting experience and have experience as a reviewer for internal firm inspections and as a reviewee in internal inspections, peer reviews, and PCAOB inspections. My comments are informed by those experiences as well as my experience as an accounting researcher and teacher. The ideas expressed in this letter are my own and do not necessarily reflect the views of CWRU or the faculty in the CWRU Department of Accountancy.

I have two general comments that may be beyond the scope of the clarification project, but nonetheless are set forth for your consideration. First, if I understand the definitions of “pass with deficiencies” and “fail,” the peer review standards set a very high bar for failure. In order to fail a peer review, every engagement submitted for review must be nonconforming. In other words, if 100 engagements are reviewed and 99 of them are nonconforming, the peer review will be classified as “pass with deficiencies” rather than “fail.” I believe that if a majority of engagements are nonconforming, a “fail” rating should be assigned. I believe it would be in the public interest to make this amendment to the peer review standards.

Second, I am concerned with the use of the term “significant deficiency” in place of the term “material weakness.” The Board’s use of the term “significant deficiency” when a firm’s system of quality controls does not provide reasonable assurance is more consistent with the term “material weakness” as defined in the COSO framework.

More specific comments are included in the attached appendix. If you have any questions regarding my comments, please do not hesitate to contact me at john.keyser@case.edu or 216-368-8895.

Sincerely,

John D. Keyser, PhD, CPA, CFE
Assistant Professor
Case Western Reserve University

Appendix

1. Please provide your views on the changes described. In addition, please provide your views about the advantages and disadvantages of performing some or all system review procedures remotely.

I support the board's proposal to allow procedures to be performed at a location other than the reviewed firm's office. The advantage of this approach is that it provides flexibility for the performance of inspections. It might also reduce the overall cost of peer review since travel costs may be reduced. A concern is that a reviewee may resist a reviewer's risk assessment conclusion that it is necessary to perform review procedures at the reviewee's office. Moreover, remote performance of review procedures may be less effective than in-person interactions, a consideration that should be factored into the reviewer's risk assessment.

2. Please provide your views on the changes described. In addition, please provide your views on the advantages and disadvantages of visiting one or more offices of the reviewed firm.

It seems likely that reviewers will have more frequent informal interactions with the reviewed firm's staff when they are onsite compared to remote. These informal interactions may provide useful information as to the culture of the reviewed firm and the acceptance of firm policies throughout the organization. Virtual visits provide the opportunity to "filter" the information provided to reviewers. For this reason, I oppose the elimination of the requirement. I don't think that the peer reviewer should be required to perform the majority of the procedures onsite, but at least some minimum amount should be performed at the reviewed firm's location.

3. Please provide your views on the changes described. In addition, please provide your views on specific peer review risks that may warrant selecting a surprise engagement.

I oppose the Board's decision to eliminate the surprise engagement. In 2017, KPMG disclosed that a few of its partners had obtained PCAOB inspection selections and made modifications to the workpapers in advance of PCAOB inspections. This incident provides sufficient basis for retaining the surprise engagement requirement.

4. Please provide your views on the changes described.

I agree that it is misleading for the term "significant deficiencies" to refer to the quantity of deficiencies without regard to the severity of the deficiencies. If the reviewer concludes that a particular engagement "failed" inspection, the severity of the deficiencies can be inferred without the need for an additional term or adjective.

5. Please provide your views on the changes described.

I agree that it is not necessary to provide these documents to the RAB.

6. Are the requirements in the proposed peer review standards clear and understandable?

The requirements in the proposed standards are generally clear and understandable. I did not the following areas where clarity could be improved:

- PR-C 100.10 refers to international standards, but does not clarify whether it is referring specifically to auditing standards issued by the IAASB or standards promulgated by any foreign standard setter.
- PR-C 100.24 lists factors to be considered when determining the peer review year, but does not explain how those factors would influence this decision. It is not obvious how it would serve the public interest to permit a delay between the initial engagement and the peer review that exceeds twelve months.
- PR-C 100.40 requires reviewers not to retain documentation “for an extended period.” This requirement could benefit as to what would be considered an “extended period.” Alternatively, the standards could specify a document retention date after which the documentation is required to be discarded or destroyed. Also, PR-C 200.30 requires the retention of peer review documentation until 120 days after the specified time. These two requirements should be aligned.
- PR-C 200.15 could be more clear if it was edited as follows: “The reviewer resume should describe any communications relating to allegations, investigations, or restrictions related to the reviewer, the reviewer’s firm, or a firm from which the reviewer has obtained industry experience.”
- PR-C 200.26 makes reference to paragraph.26, which seems to be circular (i.e. the paragraph appears to reference itself).
- PRC 210.51c – should clarify, if true, that a pattern is a matter that is repeated from one or more prior peer reviews.
- PR-C 210.55 – this paragraph uses the term “significant deficiency” to describe a situation where the firm’s system of quality control does not provide reasonable assurance. The appropriate term is “material weakness” to be consistent with the auditing standards and the COSO framework.
- PR-C 210.62 requires the firm’s response to include discussion of additional procedures the firm will implement to “ensure” there will be no repeat findings. According to Webster’s dictionary, the word ensure “may imply a virtual guarantee.” It seems unlikely that a firm can assert with certainty that a finding will not be repeated. It seems that a better word choice here would be “assure.”

7. Is the application and other explanatory material helpful to support the application of the requirements?

- PR-C 210.42 requires the reviewer, after concluding one or more engagements are nonconforming, to document the consideration of whether an expansion of scope is necessary.

Paragraphs A34 lists reasons why the reviewer might expand the scope, but does not describe how those factors should be considered. It seems that the scope should be expanded unless the reviewer has sufficient evidence to conclude the nonconformance is pervasive and further evidence would not change that conclusion.

- PR-C 210.A23 does not differentiate between intentional and unintentional failures to provide a complete population. It seems like there should be a distinction between these two situations when the consequence is to recall the peer review acceptance.
- PR-C 210.A56 is not clear regarding whether an acceptable firm action would include concluding that no one is relying on the report and thus, no additional procedures or communications are necessary.

8. *Are the definitions easy to understand and apply? In addition, please provide your views about whether the master glossary is helpful to all users of the standards.*

- The definition of “highest-risk areas” is based solely on the reviewer’s judgment and experience without regard to other factors such as materiality. It is unclear, from this definition, whether the reviewer’s judgment is final or whether, for example, such a conclusion could be appealed by the engagement team or overturned by the captain.
- The definition of “initial engagement” could be read multiple ways. For example, does this refer to the first time a specific type of engagement (e.g., audit of an airline industry client) is performed for any client by the firm, or the first time an engagement is performed for a specific client? In other words, is every first-year client audit considered to be an “initial engagement?”
- The definition of “must-cover” is confusing. What is the difference between a “must-cover” and a “must-cover industry”? The standards may explain this concept, but the definition does not provide clarity. Note that the definition of “must-select” is much more clear and understandable. If the “must-cover” term refers to a type of industry that must be included in the sample of engagements selected for review, that would be more clear.
- The definition of “personnel” could be clarified to indicate, if true, that it is referring to the partners and staff of the reviewed firm as opposed to the peer review firm.
- The term “significant deficiency” is defined in a manner inconsistent with the auditing standards. The definition in the exposure draft seems to be more consistent with the term “material weakness.”

9. *Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Do you think an engagement letter should be required for all peer reviews?*

I believe the requirements reflect considerations for both system and engagement reviews. I believe that an engagement letter should be required for all peer reviews.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating?

I do not believe I have a basis to respond to this question.

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. In addition, what are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

The effective date for this standard is for peer reviews commencing on or after May 1, 2022. I support this effective date since there are no significant changes to the requirements and the purpose is simply to make the requirements easier to read and understand. For this reason, it is unclear to me why any additional resources or training would be necessary to implement these standards. Obviously, any existing training needs to be edited to the extent it refers to specific paragraphs or language in the extant standards.



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November 19, 2021

Brad Coffey
American Institute of Certified Public Accountants
1211 Avenue of the Americas
New York, NY 10036-8875

Via email: PR_expdraft@aicpa.org

RE: Proposed Changes to the Standards for Performing and Reporting on Peer Reviews (September 2021)

Dear Brad Coffey:

On behalf of the California Board of Accountancy (CBA), I am pleased to submit our comments on the American Institute of Certified Public Accountants' (AICPA) Proposed Changes to the Standards for Performing and Reporting on Peer Reviews (*Standards*).

The CBA supports efforts to revise the *Standards* to promote readability and increased comprehension. The CBA has conducted its review of the proposed revisions to determine whether the changes would have an impact on the regulatory framework developed by the CBA for administration of the peer review program. The CBA has determined that the proposed changes to the *Standards* will not impact California's rules and regulations for the administration of peer reviews.

The CBA appreciates the opportunity to comment on the proposed changes to the *Standards*.

Sincerely,

A handwritten signature in black ink that reads 'Nancy J. Corrigan'. The signature is written in a cursive, flowing style.

Nancy J. Corrigan, CPA, President

From: [Daniel Sandstrom](#)
To: [PR_expdraft](#)
Cc: [Jim Brackens](#)
Subject: PRP Standards ED
Date: Saturday, November 20, 2021 2:44:40 PM
Attachments: [image005.png](#)
[image006.png](#)

Hi Brad,

I have not had the opportunity to read and consider all aspects of ED but wanted to provide comment on one important piece as follows.

The notion of a “nonconforming” engagement is pervasive throughout current standards and ED. Prior to ED, there was no definition in standards of the term “material” in this context notwithstanding its widespread use. This has resulted in peer reviewers and subject matter “experts” (SMEs) crafting their own definition – often w/o giving much thought to if the matter was in fact material (I say this as someone actively involved in the peer review process for over 23 years).

I applaud the attempt to address this weakness in the standards. Unfortunately, the definition is not really workable or even relevant. The term “nonconforming” is in context of performing or reporting for a given engagement. And the term “material” is defined in context of “substantial likelihood that a misstatement or omission . . . would influence the judgment of a reasonable user made **based on the financial statements.**” [emphasis added][basically using definition found in SAS 138] The first obvious weakness w/ this definition is that peer review encompasses much more than financial statement engagements (e.g., compliance or agreed-upon procedures engagements as just two examples). However, more fundamental is the issue that the term “nonconforming” is focused on the performance of procedures and the issuance of a proper report. The connection between an omitted procedure and a reasonable user is not addressed. Many nonconforming determinations by peer reviewers and SMEs are based on the absence of one or more procedures. As one example, it is doubtful that a banker would have much concern if the auditor assessed RMM at the audit area vs the assertion level as long as sufficient and appropriate audit evidence was obtained. Peer review is becoming an exercise of completing steps on a checklist rather than evaluating the sufficiency and appropriateness of audit evidence obtained (for financial statement audits). And for reporting, the connection between some missing wording (e.g., a missing emphasis of matter paragraph) and a reasonable user is not addressed. It is well documented that users tend to focus on whether or not there is a clean opinion.

These issues of performance and reporting need more thought in how to define “materiality”. One partial answer may be to borrow the concept of the “prudent official” notion in AU-C 265. I would also suggest that the final standard include the definition of “in all material respects”

be removed from application guidance and made part of the standard (consistent w/ SAS 138 where the definition of “materiality” is housed is the standard and not application guidance). Also, there needs to be a recognition (in standards) that the performance and reporting evaluation in terms of making the “nonconforming” assessment in light of a undetected GAAP departure does not necessarily mean the engagement was not performed and reported on in all material respects (AU-C 210.10d). This notion should also be repeated on all relevant PRP checklists – some peer reviewers and SMEs are developing a myopic view in making these assessments that appears to be caused by a checklist mentality w/o actually reading and applying professional standards to a particular set of facts (i.e., these reviewers and SMEs are treating these checklists as de-facto standards (which is really dangerous – but that is a separate discussion)).

Thank you.

Daniel R. Sandstrom, CPA

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December 1, 2021

Mr. Brad Coffey
AICPA Peer Review
Via email @ PR_expdraft@aicpa.org

Re: Proposed Changes to AICPA Standards for Performing and Reporting on Peer Review –
Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Dear Mr. Coffey

The Peer Review Committee (the Committee) of the Florida Institute of Certified Public Accountants (FICPA) respectfully submits its comments on the above referenced proposal. The Committee is a technical committee of the FICPA and has reviewed and discussed the above referenced proposed Peer Review Standards. The FICPA has more than 19,600 members, with its membership comprised primarily of CPAs in public practice and industry. The Committee is comprised of 22 members consisting of different size firms throughout the state. The response below reflects only the views of the Committee. The Committee has the following comments related to the questions requested for comment numbered below:

1. Removal of requirement for the majority of procedures in a System Review be performed at the reviewed firm's office. The Committee agrees with this proposed change. In today's environment where most firms are providing services in a paperless process it only makes sense that a peer review can be effectively performed in a remote environment. If the recent COVID pandemic has taught us anything it is how to work remotely whether that be performing audits or other assurance or attest engagements or peer reviews. Most peer reviews performed during COVID were performed remotely during the temporary removal of the above requirement. Those peer reviews were performed effectively, and peer review risk was not increased during this process. In addition, the recommended change still allows for the review to be performed at the firm's office if the reviewer determines that given the risks associated with the firm that it would be more appropriate to do so.
2. Change to the Requirements for Onsite Office Visits in System Reviews. Similar to the same reasons stated above for performing peer reviews remotely, the requirement to consider visiting offices is no longer necessary when determining the appropriate procedures to be performed as part of the peer review risk assessment. Engagements between offices can easily be submitted via a paperless environment and any necessary discussions or inquiries can be made virtually as easily as onsite.

3. Removal of requirement for surprise engagements in system reviews. The committee agrees with the removal of the requirement. If number 1 above is approved to allow system reviews to be conducted remotely, the selection of a surprise engagement is really not possible in the sense as when performed at the firm's office. In addition, given current technology if the reviewer felt based on risk that such an engagement should be selected, one can easily be selected to be uploaded in a remote setting. The committee also noted that during Florida RAB meetings there has been no empirical evidence that the selection of the surprise engagement has yielded any different results during the peer review process.
4. Removal of the term "Significant Deficiency" in Engagement Reviews. The committee agrees that the term "significant deficiencies" should be removed from the standards and only reference to "deficiencies" is necessary since the report concludes on whether "deficiencies" were noted in one or more but not all engagements reviewed or in all engagements reviewed. The determination of whether deficiencies occurred in one or more, but not all or in all engagements has nothing to do the severity of the deficiencies noted.
5. Removal of the requirement that peer review documents for single audit engagements be included in materials for RAB meetings. The committee agrees that this requirement should be removed. Technical reviewers, who review all of these documents are required to go through specific training related these forms and how it relates to peer review conclusions. Providing these materials to the RAB becomes a duplicative effort and adds extra time required for volunteers. There are no other specific working papers the reviewer completes that are provided to RAB members so why is this held out differently. The committee fully understands the risk, but each AE should determine the experience and oversight results of the technical reviewers of their related AE to determine whether the RAB needs these materials or not.
6. Are the requirements in the proposed peer review standards clear and understandable? The Committee believes the requirements are clear and understandable. We appreciate the Standards Task Force and Peer Review Board's effort to get all of the peer review requirements into one clarified set of standards. Although the extant standards were sufficient, there were too many other places where guidance and various other materials such as the RAB Handbook were actually requirements not in standards. We feel the proposed standards also point the users (reviewers, firms, and administering entities) right to the place where they need to go for their related involvement in the peer review process. This will become immensely helpful for intended parties.
7. Is the application and other explanatory material helpful to support the application of the requirement. The Committee believes that the application material and other

explanatory material does support the requirements. The committee likes how the Appendices support the application and other explanatory material in the proposed standards.

8. Are the definitions easy to understand and apply? The committee believes the definitions are accurate for the most part. We would like to call attention to the following in the definitions:
 - a. Closing meeting - The definition makes it sound like that meeting will always be held in advance of the exit conference. However, standards indicate that the closing meeting and exit conference could be held in advance or concurrently with the exit conference date in certain situations. We believe this should be added to the definition.
 - b. Commencement date – it is always difficult to determine when the reviewer learns information that effects the results of the current review. The explanatory reference does provide additional guidance, but this is still a difficult term to understand but is acceptable as presented.
 - c. The committee believes the master glossary is helpful to all users by having all definitions in one place rather than in each section.

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? As noted above in the definitions the Commencement Date can be confusing, especially on a system review. The committee had a lot of discussion on this issue including what would be the appropriate definition. The committee considered at the time the engagement letter is signed; the date the review is fully scheduled in PRIMA; and the current definition. In order to provide the best scenario for due process to the firm, the Committee believed the current definition is the best at this time. The commencement date has no impact on the reviewer but does for the firm as that is when non-compliance switches from a drop to a termination.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating? The committee believes the application and other explanatory material is appropriate and understandable regarding members who are not team captain qualified but are associated with a firm not receiving a pass report. That committee member may or may not have had anything to do with why or how the firm received a non-pass peer review report and may be amply qualified to perform the duties as a committee member with the limitations noted in the requirements and application and other explanatory material. In addition, requirements to be a RAB member are different and require a RAB member to be associated with a firm that has received a Pass report on its most recent peer review.

11. Provide views on the proposed effective date. The committee believes the effective date of the proposed standards is appropriate. There are few changes to the extant standards in the proposal and the few changes being made are less restrictive for reviewers, firms, and AEs so it should be easy to implement those changes. We also do not believe there needs to be any training or resources to begin using the proposed standards. Again, there is little change to the extant standards that have been in place for some time.

The Committee appreciates this opportunity to respond to the exposure draft. Members of the Committee are available to discuss any questions or concerns raised by this response.

Respectfully submitted,

Ron Weinbaum, CPA
Chair, Florida Institute of CPAs Peer Review Committee

Committee members coordinating this response:

Steve Bierbrunner, CPA
Edward Cranford, CPA
Froment Gonzalez, CPA
David Holland, CPA
Marci Reutimann, CPA

From: [Mary Beth Halpern](#)
To: [PR_expdraft](#)
Cc: mmanspeaker@sek.com
Subject: Clarity Standards exposure draft | Coastal Peer Review's Comment Letter
Date: Thursday, December 2, 2021 11:22:10 AM
Attachments: [Proposed Clarity Standards Comment Ltr _FINAL \(3\).pdf](#)

Good morning -

The Coastal Peer Review committee is pleased to provide these comments in response to the *Clarification of AICPA Standards for Performing and Reporting on Peer Reviews* exposure draft.

Please feel free to contact me if you have any questions or wish to discuss further.

Thank you,

--

Mary Beth Halpern
Coastal Peer Review
443-632-2330

Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Respondent Comment Letter Template

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. *Do you agree with the proposed change?*

We agree. We also believe that peer review risk assessment is the best way to determine if an onsite review is appropriate. We suggest offering opportunities, such as the next peer review conference, for team captains to share how and when they determine a peer review must be performed onsite. Having a clear understanding of the types of risk assessment characteristics which indicate onsite is necessary would be very helpful for peer reviewers in making this change.

Change to the Requirements for Onsite Office Visits in System Reviews

2. *Please provide your views on the changes described. Do you agree with the proposed change?*

We agree with the change related to onsite office visits for system reviews.

Removal of the Requirement for Surprise Engagements in System Reviews

3. *Please provide your views on the changes described. Do you agree with the proposed change?*

We agree with removal of surprise engagement requirements.

We suggest adding a Reviewer Alert or a session at the next peer review conference on the types of situations that would lead a peer reviewer in their risk assessment to elect to have a surprise engagement.

Removal of the Term "Significant Deficiency" in Engagement Reviews

4. *Please provide your views on the changes described. Do you agree with the proposed change?*

Yes, the suggestion makes sense, and we agree with the change.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. *Please provide your views on the changes described. Do you agree with the proposed change?*

Agree, since training for technical reviewers must focus on this area. Not all RAB members have strong single audit experience. Therefore, it would be better to rely on experienced technical reviewers. For this reason, their training in this area should be robust and continual.

Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Respondent Comment Letter Template

Issues for Consideration, Written Comments, or Suggestions

6. *Are the requirements in the proposed peer review standards clear and understandable?*

Overall, we are supportive and have no recommendations for changes in the format of the new Standards. We think the changes proposed in the exposure draft represent a significant improvement in clarity and understandability in both the Standards and application material.

7. *Is the application and other explanatory material helpful to support the application of the requirements?*

We think the exposure draft represents a significant improvement in clarity and understandability in both the Standards and application material.

8. *Are the definitions easy to understand and apply?*

We think the definitions are both understandable and helpful.

9. *Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?*

We agree the requirements for commencing reviews are appropriate.

9.a *Do you think an engagement letter should be required for all peer reviews?*

We appreciate the provided templates and strongly urge firms to use them, however we don't think an engagement letter should be mandated. We suggest section 300.A2 could be modified to say it is "recommended" or "highly advisable" that terms and conditions of peer review should be summarized in an engagement letter.

10. *Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?*

Yes, it is understandable and appropriate.

11. *Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response.*

We support the proposed effective date. The changes are very limited and make it easier to use, so no real reason for a significantly delayed date.

Do you agree with the proposed effective date? Yes

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Respondent Comment Letter Template

Please see our previous comments regarding specific considerations with respect to risk assessments. Emphasis in Reviewer's Alerts, Team Captain and RAB training and the peer review conference should be sufficient.

Removal of guidance on performing and reporting on reviews of quality control materials

We agree it is appropriate to remove, however we believe attestation reports should be linked on AICPA's peer review page (much like QCM review reports have been) to allow easier access for reviewers and firms.

December 2, 2021

Brad Coffey
Peer Review Team
AICPA
220 Leigh Farm Road
Durham, NC 27707

Re: Exposure Draft: Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Dear Mr. Coffey:

One of the objectives that the Council of the American Institute of Certified Public Accountants (AICPA) established for the PCPS Executive Committee is to speak on behalf of local and regional firms and represent those firms' interests on professional issues in keeping with the public interest, primarily through the Technical Issues Committee (TIC). This communication is in accordance with that objective. Our comments in relation to this exposure draft follow the specific requests for comments outlined within the exposure draft and use the formatting you have provided in the response template in order to facilitate an easier review and tracking of responses.

1. Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

Do you agree with the proposed change? Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

TIC agrees technology provides the ability to perform effective reviews in a remote environment in many cases. However, TIC believes that not all reviews would necessarily be able to be performed remotely and agrees with risk being the driver as to when an on-site visit should be performed. In discussing the exposure draft and the need for on-site reviews, TIC noted that allowing for more remote procedures could result in a difference of opinion between the peer reviewer and the firm being peer-reviewed wherein one believes that on-site procedures are necessary, and one does not. To preemptively address such disagreements TIC suggests that additional guidance be added which indicates that the team captain is ultimately responsible for risk assessment, which would include the extent of procedures to be performed on-site versus remotely.

Advantages to allowing for additional remote procedures include greater flexibility to firms in selecting a peer reviewer that meets the firm’s needs without incurring costs for travel time and travel expense, additional flexibility benefiting both firms and peer reviewers on the timing of when peer review work is performed, the ability for team captains to expand the number of team members with different specialties in various industries or engagement types, and reduced time spent traveling for peer reviewers.

Disadvantages identified could include reviews extending over longer periods of time, additional time spent in completing the peer review due to reduced focus and delays in receiving responses, less discussion regarding issues and root causes if technology is not used properly, and less discussion amongst team members while doing the review. Finally, TIC also notes that as with any engagement being performed remotely there is a greater risk of cyber threats which must be considered.

2. Change to the Requirements for Onsite Office Visits in System Reviews

Do you agree with the proposed change? Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

TIC supports the proposed change to remove the requirement to visit “a sufficient number” of the firm’s offices and the firm’s executive office. Due to engagement selection considerations and personnel interviews selection considerations, representatives, and engagements from a cross section of the firm’s offices can provide sufficient information of differences between offices. We agree the determination of the need to visit offices should be based on risk. Please see our response to question 1 above for advantages and disadvantages of remote engagements.

3. Removal of the Requirement for Surprise Engagements in System Reviews

Do you agree with the proposed change? Please explain your reasoning, including your views on specific peer review risks that may warrant selecting a surprise engagement.

TIC agrees with the proposal to remove the requirement to select a surprise engagement and instead include the potential need for a surprise engagement review as a consideration based on the peer reviewer’s risk assessment. Specific risks TIC believes may warrant the selection of a surprise engagement might include situations where there are delays in obtaining files for a peer review, results of team member interviews, or evidence of changes in files after selection during the peer review.

4. Removal of the Term “Significant Deficiency” in Engagement Reviews

Do you agree with the proposed change? Please explain your reasoning.

TIC agrees with the change to remove the term significant deficiencies in a report with a peer review rating of fail as we agree the term significant deficiency is generally associated with the severity of a deficiency or deficiencies, not solely the number of deficiencies.

5. Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

Do you agree with the proposed change? Please explain your reasoning.

TIC agrees with the proposal to remove the requirement to provide the engagement profile and the supplemental peer review checklist for single audit engagements, including the no answers and other comments. We agree that training/qualification required of technical reviewers should be sufficient to address risks. We believe the RAB in its discretion should be able to request these documents when necessary.

6. Issues for Consideration, Written Comments, or Suggestions

Are the requirements in the proposed peer review standards clear and understandable? Please explain your reasoning and indicate any specific proposed revisions.

TIC commends the improvements made in this area which include:

- Inclusion of definitions to assist in understanding both terminology and content,
- Reduction of duplicative content and verbiage, and
- Improved organization of content

Taken together these improvements represent a marked and welcome improvement over legacy guidance.

Is the application and other explanatory material helpful to support the application of the requirements? Please explain your reasoning and indicate any specific proposed revisions.

The revisions in the application and other explanatory material are helpful and support the application of the relevant requirements. TIC recognizes the effort to reorganize this guidance to make it more accessible for users and believes it is much clearer as a result. While the guidance is an improvement, TIC suggests the consideration of an ongoing project to continue to further refine and link references in the most efficient manner possible to further improve usability. This is most apparent in situations where the guidance references a footnote, which in turn references another footnote. Simplifying these types of references to just point directly towards the relevant application or explanatory material would further improve useability.

Are the definitions easy to understand and apply? Please explain your reasoning, your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100), and indicate any specific proposed revisions.

TIC appreciates the inclusion of the master glossary as it helps promote the use of consistent terminology between all parties involved in the peer review process. The glossary also allows for easy look-up of terms for parties who are not as familiar with peer review terminology to help them determine when terms being used are synonyms or have different meanings (for example closing conference and exit conference).

In reviewing the proposed glossary two terms identified which could be considered for inclusion are 'piggybacking' and 'reciprocal peer review'.

Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?

Yes, TIC believes that the requirements are appropriate for both system and engagement reviews.

Do you think an engagement letter should be required for all peer reviews? Please explain your reasoning and indicate any specific proposed revisions.

TIC believes that an engagement letter should be required for all peer reviews. As outlined in other professional literature, an engagement letter ensures that there is a clear understanding between both parties on various matters including responsibilities of the parties to the engagement, timing, deliverables, dispute resolution, fees, expenses, and other matters. As TIC suggests that an engagement letter should be required for all peer reviews the application guidance in 300.A2 could be modified as follows:

. A2 The terms and conditions of the peer review should ~~may~~ be summarized in an engagement letter between the reviewed firm and the reviewing firm.

Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)? Please explain your reasoning and indicate any specific proposed revisions.

TIC finds the wording included within the standard (paragraphs 400.17-.19) as well as the associated application material (paragraphs 400.A19-.A21) to be clear.

Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. Do you agree with the proposed effective date? If no, please provide reasons for your response.

TIC agrees with the proposed effective date.

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

As a result of the degree of changes being made in this exposure draft, TIC believes that the most effective resource to make interested parties aware of the guidance would be a special edition of the peer review prompt communication. Such a communication could then be supplemented with typical awareness and training resources including webinars, reviewer alerts, inclusion in annual team captain training, and including an overview as part of must-select training for reviewers.

TIC appreciates the opportunity to present these comments on behalf of PCPS Member firms. We would be pleased to discuss our comments with you at your convenience.

Sincerely,

Bryan Bodnar

Chair, On Behalf of the PCPS Technical Issues Committee



Administering peer reviews for the following:

Illinois CPA Society | Indiana CPA Society | Iowa Society of CPAs | Kentucky Society of CPAs
South Carolina Association of CPAs | West Virginia Society of CPAs | Wisconsin Institute of CPAs

December 8, 2021

Brad Coffey
AICPA Peer Review Board
PR_expdraft@aicpa.org

RE: Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews: *Clarification of AICPA Standards for Performing and Reporting on Peer Review*

Dear Board Members:

The Peer Review Alliance (PRA) is an approved peer review administrator of the AICPA Peer Review Program and one of the largest administrators in the United States. With approximately 2,400 CPA firms under its administration, PRA assists firms ranging in size from sole practitioner to over 300 professionals in meeting their peer review needs.

The PRA Report Acceptance Committee (the “Committee” or “we”) is pleased to comment on the proposed changes listed above. The organizational and operating procedures of the Committee are reflected in the attached Appendix A to this letter. These comments and recommendations represent the positions of the Committee rather than any individual members of the Committee, the organizations with which such members are associated, or the partner state CPA societies.

The Committee acknowledges that the following response may include divergent views. The intent in presenting these views is to ensure that the response adequately illustrates the Committee’s support for and concerns with the proposed standard and provides suggested alternative approaches where disagreement may be present.

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm’s Office

1. *Please provide your views on the changes described. In addition, please provide your views about the advantages and disadvantages of performing some or all system review procedures remotely.*

We agree with the proposed change and believe that this will significantly increase the pool of reviewers available to firms when scheduling their reviews. However, our experience during the recent temporary guidance showed that the risks of inefficiency and delays increase substantially with reviews performed entirely offsite.

Change to the Requirements for Onsite Office Visits in System Reviews

2. *Please provide your views on the changes described. In addition, please provide your views on the advantages and disadvantages of visiting one or more office of the reviewed firm.*

We agree with the proposed change.

Removal of the Requirement for Surprise Engagements in System Reviews

3. *Please provide your views on the changes described. In addition, please provide your views on specific peer review risks that may warrant a surprise engagement.*

We agree with the proposed change.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. *Please provide your views on the changes described.*

We agree with the proposed change.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. *Please provide your views on the changes described.*

We agree with PR-C section 410, paragraph .A5 that the engagement profile and supplemental checklist for single audits should be available upon request by the RAB. However, we also believe that technical reviewers and administering entities (AEs) should be permitted to include these documents in RAB meeting materials at their discretion.

We further believe that if single audit documents are not included in the RAB materials, a secondary evaluation process be undertaken to evaluate whether the technical reviewer(s) is/are identifying issues. In other words, if the administering entity (AE) includes the single audit documents in its RAB materials, no additional oversight procedures will be required. However, if the AE chooses to exclude the single audit documents from its RAB materials, some type of oversight procedure would be required.

Removal of Guidance on Performing and Reporting on Reviews of Quality Control Materials

We agree with the proposed change.

Issues for Consideration, Written Comments, or Suggestions

6. *Are the requirements in the proposed peer review standards clear and understandable?*

7. *Is the application and other explanatory material helpful to support the application of the requirements?*

Except as noted below, we agree with the requirements in the proposed peer review standards, application materials, and other explanatory materials with the following suggested revisions or clarifications:

PR-C section 100, paragraph .A30 indicates that, “*The board may, at its discretion, modify the standards and related guidance without an exposure period if the circumstances warrant such actions. In these circumstances, the board will discuss such modifications during meetings open to the public and will communicate any recommended courses of action to firms, reviewers, and AEs on a timely basis.*” We believe that all revisions to professional standards, including peer review standards, should follow a formal and robust due process procedure where broad public participation is encouraged, and all points of view and expressions of opinion are welcomed throughout the entire deliberative and exposure process. Discussing proposed changes only in a meeting open to the public does not provide stakeholder groups such as state boards of accountancy, administering entity peer

review committees, and regulators an opportunity to discuss the matter as a group and provide their collective viewpoints. As a result, we **do not support** this proposed change.

For PR-C section 100, paragraphs .24(b) and .31(b), we suggest replacing “year-ends” with “period-ends” to incorporate interim engagements.

PRC section 200, paragraph .16 indicates that, “*The reviewer must be independent from the reviewed firm. The reviewer’s independence would be considered impaired in the following circumstances...f. The reviewing firm performed the monitoring of the reviewed firm’s accounting and auditing practice, consulting review, quality control document review, preliminary quality control procedures reviews, or pre- or post-issuance engagement reviews for the year immediately preceding or during the peer review year.*” Because reviewers are often confused as to whether this pertains to the inspection or engagement period-ends versus when such procedures are performed, we suggest that an additional sentence be added to this bullet point to add clarity.

PR-C section 210, paragraph .21 indicates that, “*The reviewer should document in the risk assessment key decisions made when the engagement selections do not include...c. an engagement type within an industry.*” We believe that this could be interpreted very broadly and as a result, suggest that clarification be added in the application material to discuss narrowing this to industry concentration coverage.

PR-C section 210, paragraph .37 discusses the evaluation of “significant risk areas” in the review of an audit. We are unclear as to whether this represents a change from the current “key area” approach? In addition, we believe clarification is needed regarding the frame of reference used to determine “significant risk areas.” For instance, does the firm’s risk assessment determine the “significant risk areas”? And if the firm does not identify any “significant risk areas” or the reviewer disagrees with the areas determined significant by the firm, whose determination should guide the selection of areas for review?

PR-C section 210, paragraph .39 discusses informing the firm when an engagement is not performed or reporting on in conformity with applicable professional standards. While such discussion is located under the heading for “Evaluation of Engagements” for system reviews, the similar paragraph for engagement reviews is located under the heading for “Identifying, Evaluating, and Aggregating Matters, Findings, and Deficiencies” in PR-C section 220, paragraph .23. We suggest they be located under the same headings in the standards.

Similarly, while the paragraph reminding team captains and AEs to not require firms to perform omitted procedures, reissue accounting or auditing reports, or have previously issued financial statements revised and reissued is located under the heading of “Evaluation of Engagements” in the standards for system reviews (PR-C section 210, paragraph .40), the similar paragraph for engagement reviews is in the application guidance (PR-C section 220, paragraph .A8). **Note:** Similar paragraphs reminding reviewed firms that captains and AEs should not dictate specific remediation for nonconforming engagements for both system and engagement reviews are in the application guidance (PR-C section 310, paragraph .A16 and PR-C section 320, paragraph .A10, respectively). We recommend they appear in a consistent location in either the standards or the application guidance.

For the following standards and application material sections (PR-C section 210, paragraph .59(a); PR-C section 210, paragraph .67; PR-C section 220, paragraph .24(a); PR-C section 220, paragraph .32; PR-C section 220, paragraph .A13(a); PR-C section 320, paragraph .A9(a); and PR-C section 410, paragraph .15(a)(ii)), we suggest that the phrase “type of report” be replaced with “report rating”.

PR-C section 210, paragraph .68 lists the elements to be included in a system review report, including item (h) with a URL reference to the AICPA website where the standards are located. However, the list of report elements required for an engagement review in PR-C section 220, paragraph .33 does not include a similar item even

though the illustrative engagement review report includes the applicable URL reference. We suggest that a URL bullet point be added to paragraph .33.

For PR-C section 210, paragraph .A53, “exit conference” should be replaced with “closing meeting”.

For PR-C section 220, paragraph .07, the reference to (Ref: par. .A2) does not appear to be applicable and should be deleted.

PR-C section 220, paragraph .22 discusses the DMFC on an engagement review. The discussion appears to provide only two paths of disposition for MFCs (either FFC or deficiency). Does this language imply that all MFCs on an engagement review must be elevated in some manner?

PR-C section 300, paragraph .11 specifically references the need for firm letterhead on representation letters. However, the extant standards/guidance do not necessarily require this.

PR-C section 300, paragraph .A14 describes a specific reenrollment situation which appears to be different than the extant interpretation 5h-2 and would now require hearing panel consideration for reenrollment. We suggest striking item (ii).

“.A14 Reenrollment decisions subject to approval by a hearing panel of the board include, but are not limited to, the following...ii. failing to submit the reviewed firm’s peer review by a required due date after being dropped for the preceding reason and subsequently being allowed to reenroll.”

PR-C section 400, paragraph .23 indicates that, *“A minimum of three RAB members who are independent and free from any conflicts of interest should evaluate each peer review that requires RAB consideration. To accept any motions related to a peer review, a majority of the RAB members, **but no fewer than three** {emphasis added}, should agree to carry the motion.”* This appears to be more restrictive than the current RAB Handbook guidance and appears to disallow a 2-1 vote in a three-person RAB. We suggest striking “no fewer than three” from the last sentence.

PR-C section 400, paragraph .32 appears to be raising the bar from what is required to replace or waive an action in the current RAB Handbook. We suggest striking letter (b).

“.32 If the reviewed firm requests a replacement or waiver of an action because it will no longer perform engagements in the industry or level of service related to the action, the RAB should replace or waive the action and require the firm to provide a written representation that:

- a. states the firm is no longer performing or has plans to perform engagements in that industry or level of service.*
- b. includes a listing of such engagements that were issued since the last peer review year-end.*
- c. is signed by the appropriate member of management.*
- d. is included in the letter of response if the firm represents it will no longer perform certain types of engagements or engagements in a specific industry prior to the review being submitted for acceptance.”*

PR-C section 410, paragraph .08j appears to add a new requirement regarding the scope of CART engagement review technical reviews in comparison to current RAB Handbook guidance – *“For reviews with a committee-appointed review team, all peer review working papers.”* This implies that for CART reviews, technical reviewers need to review all engagement checklists. We suggest striking letter (j) from the list.

Exhibits

PR-C section 310, paragraph .A26 includes an exhibit of an illustrative representation letter for a system review that does not include a footnote or sample language for restrictions that a firm may need to describe in the second to last paragraph whereas the illustrative representation letter in the current guidance does include sample language. We suggest that a footnote be added to the proposed exhibit with sample language for the types of restrictions a firm may need to describe in the second to last paragraph.

In addition, there appear to be several minor wording changes to the illustrative reports and representation letters (for both system and engagement reviews) that have little to no impact on the meaning of the documents and will only serve to confuse reviewers and require revision for insignificant points. As an example, below are the unnecessary wording revisions in the system review version of the report and representation letter:

- PR-C section 210 (pg. 92) – Illustration 1 – A Reviewer’s Report on the Firm’s System of Quality Control With a Peer Review Rating of Pass
 - Firm Responsibility section - Addition of the phrase “the requirements of” in the first sentence of paragraph unnecessary. We suggest the phrase be deleted.
 - Peer Reviewer’s Responsibility section – Rephrased paragraph. We suggest that the language be reverted back to the current template language - “*Our responsibility is to express an opinion on the design of the system of quality control and the firm’s compliance therewith based on our review.*”
- PR-C section 310 (pg. 159) – Exhibit A – Illustrative Representation Letter
 - 2nd Paragraph - Revisions to licensure language. We suggest that the language be reverted back to the current template language.
 - Must Select Paragraph - Addition of “and issued their respective reports.” We suggest the phrase be deleted.
 - Remediation Paragraph – Revised phrasing. We suggest that the language be reverted back to the current template language (though new language is likely a bit better).
- Currently, the AICPA *Peer Review Program Manual* includes *Guidance for Writing Deficiencies and Significant Deficiencies Included in System Review Reports* (Section 4250), which provides illustrations and assistance when drafting System Review report deficiencies and significant deficiencies. Will this guidance continue to be available outside of the clarified standards or in some other form?

8. *Are the definitions easy to understand and apply? In addition, please provide your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100).*

The definitions are generally easy to understand and apply. However, the following items may require additional clarification or revision:

For the definition of “Acceptance Date”, we suggest that the word “on” be added following the word “reported”; the second and third occurrence of the word “and” be replaced with “or”; and the phrase “if any” be added following the words “corrective actions”. The sentence would then read, “*A peer review is accepted on the date the peer review committee (the committee) or report acceptance body (RAB) concludes a peer review was performed and reported **on** in accordance with standards **or**, for pass with deficiencies **or** fail reports, when the reviewed firm has agreed to perform required corrective actions, **if any**, as a condition of acceptance.*”

For the definition of “Administering entity (AE)”, we suggest that it be expanded to include “other entity(ies)” approved by the board to administer peer reviews (e.g., New England Peer Review, Inc.) similar to how it appears in PR-C section 100, paragraph .34.

For the definitions of “Closing Meeting” and “Exit Conference”, we suggest that the phrase “type of report” be replaced with “report rating”. In addition, we suggest that the word “reviewed” be added preceding the word “firm” in the definition for “exit conference” to be consistent with a similar phrase in the definition for “closing meeting”.

For the definition of “Completion date”, we suggest that the word “and” be replaced with “or” between “*pass with deficiencies*” and “*fail*” similar to our suggestion above for “Acceptance date”.

For the definition of “Corrective actions”, we suggest that the word “RAB” be inserted between the words “committee” and “or board” in the bullet point for “Reviewed firms”. In addition, the words “or actions required of a reviewer due to deficiencies in the reviewer’s performance” appear to be out of place and should be removed from the same bullet point for “Reviewed firms”.

For the definition of “Deficiency (system reviews)”, we suggest that the word “reviewer” be replaced with “Team Captain” to be consistent with the definition of “Deficiency (Engagement reviews)”.

For the definition of “Due date”, we suggest that an additional sentence or phrase be added for corrective action or implementation plan due dates.

For the definition of “Matter”, we suggest that a sentence or two be added that read something like, “Matters can be disposed through *one* of three methods – through an FFC, through a deficiency/significant deficiency, or through disposition at the MFC level (via isolation or insignificance). Matters that are disposed via one method should not also be covered/discussed through another form of disposal” similar to the verbiage appearing in PR-C section 210, paragraph .56.

For the definition of “Consent agenda”, we suggest that the Board reconsider the threshold for inclusion of system and engagement reviews on the consent agenda to include *pass* reports with MFCs and FFCs provided there are no repeat findings or nonconforming engagements, which might indicate the need to consider an implementation plan, additional findings (e.g., tone at the top) or in rare instances, a different report rating.

All of the same peer review documents would still be available to the RAB and could be pulled off the consent agenda by any RAB member upon request. However, the overall time savings for our volunteer committee members would far outweigh the risks and at the same time, help focus RAB discussions on the reviews requiring the most attention.

Statistics for reviews administered by the Peer Review Alliance for the three years preceding and one year following adoption of the current definition of consent agenda are as follows:

Report Rating	CY2017		CY2016		CY2015		CY2014	
	Consent Agenda	Total Reviews	Consent Agenda	Total Reviews	Consent Agenda	Total Reviews	Consent Agenda	Total Reviews
Pass w/o FFCs	47	198	95	153	61	128	58	94
Pass with FFCs	0	149	98	144	120	179	84	115
Subtotal	47	347	193	297	181	307	142	209
PWD or fail	0	134	0	132	0	101	0	90
Total	47	481	193	429	181	408	142	299
% To Total	9.8%		45.0%		44.4%		47.5%	

If an additional 35% of the reviews presented to RAB in 2017 had been permitted to be placed on a consent agenda and saved even 10 minutes per review, each of the 4 or 5 (or more) RAB members would have saved an average of 28 hours over the course of the year (481 reviews x 35% x 10 minutes / 60 minutes = 28 hours). Therefore, we strongly encourage the Board to reconsider the definition of Consent agenda.

9. *Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Do you think an engagement letter should be required for all peer reviews?*

We believe that engagement letters should be strongly encouraged rather than strictly required. Engagement letters are a contract between the peer reviewer and the reviewed firm and should not be a required submission or subject to review or oversight by the administering entity.

10. *Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?*

Yes.

11. *Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. In addition, what are your views on the types of training and resources that would be helpful for stakeholders to being using the proposed standards?*

While the Peer Review Alliance is generally a champion of releasing standards changes only at the beginning of the review season (generally April or May), the proposed effective date of May 1, 2022 appears to be overly ambitious. Even though the clarified standards do not include a large number of significant changes, there are a few key changes (some of which were highlighted in our comments above) and for which the proposed timeline does not allow for effective training of peer reviewers who will be in the midst of tax season during the final approval and release of the proposed standards. We suggest that the effective date be delayed until after the 2022 Annual Peer Review Conference to November 1, 2022.

The Committee appreciates the opportunity to express its opinion on these matters and would be pleased to discuss our comments in greater detail if requested.

Randall L. Miller, CPA

Chair, Peer Review Alliance Report Acceptance Committee

Kim Meyer, CPA

Vice Chair, Peer Review Alliance Report Acceptance Committee

APPENDIX A

PEER REVIEW ALLIANCE REPORT ACCEPTANCE COMMITTEE ORGANIZATION AND OPERATING PROCEDURES 2021 – 2022

The Peer Review Alliance Report Acceptance Committee (Committee) is composed of the following technically qualified, experienced members. These members have peer review experience and Committee service ranging from newly appointed to over 30 years. The Committee is an appointed senior technical committee of the Illinois CPA Society and has been delegated the authority to issue written positions representing the Society on matters regarding the setting of peer review and quality control standards. The Committee's comments reflect solely the views of the Committee, and do not purport to represent the views of their business affiliations.

The Committee usually operates by assigning Subcommittees of its members to study and discuss fully exposure documents proposing additions to or revisions of peer review or quality control standards. The Subcommittee develops a proposed response that is considered, discussed, and voted on by the full Committee. Support by the full Committee then results in the issuance of a formal response, which at times includes a minority viewpoint. Current members of the Committee and their business affiliations are as follows:

Public Accounting Firms:

National:

Cary Drazner, CPA	Marcum LLP
James Gibson, CPA	CliftonLarsonAllen LLP
Jennifer Goettler, CPA	Sikich LLP
John Guido, CPA	Baker Tilly US, LLP
James Javorcic, CPA	Mayer Hoffman McCann P.C.
Steven Kessler, CPA	Wipfli LLP

Local:

Richard Atterbury, CPA	Martens and Company, CPA, LLP
Joseph Beck, CPA	Jones, Pounder & Associates, P.C.
Sarah Beckman, CPA	CPA Associates, P.C.
Matthew Brown, CPA	Brown CPA LLC
Lori Dearfield, CPA	Kelley Galloway Smith Goolsby, PSC
Steven Dearien, CPA	Dearien & Company AC
Timothy DeVries, CPA	Denman & Company, LLP
Jonathon Eade, CPA	Jones, Nale & Mattingly, PLC
Hugh Elliott, CPA	Dugan & Lopatka CPAs, P.C.
Myron Fisher, CPA	Baldwin CPAs, PLLC
Mary Fleece, CPA	Tetrick & Bartlett, PLLC
Janice Forgue, CPA	ECS Financial Services, Inc.
Joseph Galarowicz, CPA	KerberRose S.C.
Robert Giblichman, CPA	Warady & Davis LLP
Steven Grohne, CPA	MCK CPAs & Advisors
Arthur Gunn, CPA	Arthur S. Gunn, Ltd.
David Hicks, CPA	Hicks & Associates CPAs, PLLC
Kimberly Hunsaker, CPA	CPA Associates, P.C.
Paul Inserra, CPA	ATA Group, LLP
Rob Jordan, CPA	Hill & Jordan CPA's, LLC
Christina Kelly, CPA	The Hobbs Group
Karen Kerber, CPA	KerberRose SC

Mark Klesman, CPA
Rebecca Lee, CPA
David Lewis, CPA
Jerome McDade, CPA
Kim Meyer, CPA
Randall Miller, CPA
Kevin Modrich, CPA
Liza Newbanks, CPA
Gregory Pierce, CPA
Brian Powers, CPA
Amie Pranaitis, CPA
Gilda Priebe, CPA
Stella Santos, CPA
Terrence Schmoyer, CPA
Neil Schraeder, CPA
William Sherry, CPA
Russell Wilson, CPA
Tobey Wilson, CPA
Anthony Workman, CPA

Staff Liaison:

Paul Pierson, CPA

Klesman & Company, P.C.
McCreless & Associates, P.C.
Estep, Doctor & Company, P.C.
Briscoe, Burke & Grigsby LLP
Hudgens & Meyer, LLC
Hawkins Ash CPAs, LLP
DeMarco Sciacotta Wilkens & Dunleavy LLP
Deming, Malone, Livesay & Ostroff, P.S.C.
Demarco Sciacotta Wilkens & Dunleavy LLP
Honkamp Krueger & Co., P.C.
Hughes, Cameron & Company, LLC
Adelfia LLC
Adelfia LLC
Schmoyer and Company, LLC
Hacker, Nelson & Co., P.C.
Engelson & Associates, Ltd.
Porte Brown LLC
ECS Financial Services, Inc.
Kelley Galloway Smith Goolsby, PSC

Illinois CPA Society

DONALD E JUMP, CPA

COMMENTS ON PROPOSED CHANGES TO PEER REVIEW GUIDANCE

1. REMOVAL OF REQUIREMENT FOR SYSTEM REVIEW PROCEDURES TO BE PERFORMED AT REVIEWED FIRM'S OFFICE

Covid has provided some unexpected benefits. One of them is that a System review can frequently be performed remotely due to today's technology. I am in favor of the change.

2. MULTI OFFICE FIRM ON SITE VISITS

See explanation above. I agree with proposed change

3. REMOVAL OF SURPRISE ENGAGEMENT REQUIREMENT

I agree

4. REMOVAL OF THE TERM SIGNIFICANT DEFICIENCY

I agree

5. REMOVAL OF THE MATERIALS TO RAB MEETINGS FOR SINGLE AUDIT ENGAGEMENTS

I agree

6. ARE REQUIREMENTS IN PROPOSED PR STANDARDS CLEAR AND UNDERSTANDABLE

The requirements are very clear and easy to understand

7. IS THE APPLICATION AND OTHER MATERIAL HELPFUL

Yes, this material is clear and helpful

8. DEFINITIONS

The definitions in the master glossary are great. The best aspect of this entire document is the Table of Contents. Having easy access to peer review areas is something that has been much needed and largely unavailable in the past

9. REQUIREMENTS FOR PR COMMENCEMENT & ENGAGEMENT LETTERS

The requirements for peer review commencement are reasonable. I do think that all peer review should include an engagement letter between the Team Captain and the Firm to be reviewed. Based on prior experience, I think that there should be some revision of the policy regarding late letters to peer reviewers when the peer review Firm-not the reviewer is solely responsible. For example, if a Firm fails to timely engage a reviewer and the peer review deadline is past, it has been the practice of the AICPA to send a late letter to the reviewer immediately upon the reviewer accepting the engagement. This practice is a disincentive to reviewers to take on reviews.

10. APPROPRIATE APPLICATION OF MATERIAL RELATED TO COMMITTEE MEMBERS

PR-C paragraphs .19 to .19 are very clear and appropriate

11. EFFECTIVE DATE AND TRAINING AND RESOURCES

The proposed effective date is very reasonable. I believe the resources are there for stakeholders. In addition, Training for reviewers should continue in the format that has been used in the past. A training program for Firms being reviewed should be updated and available on an annual basis, either in self- study or inter-active format.

Clarification of AICPA Standards for Performing and Reporting on Peer Reviews
MICPA's Respondent Comment Letter

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

Most files are electronic, which allows the reviews to be performed off-site. Audit firms are performing a larger portion of their client work off-site, and this practice should extend to peer reviews also. The increased risks mostly relate to the poorer quality of in-person staff interviews and lack of "getting a feel for" the firm and its culture by being in-person. It seems these risks are minimal and can be dealt with if thought through (the peer reviewer can visit the firm if deemed appropriate or necessary to deal with identified risks).

Change to the Requirements for Onsite Office Visits in System Reviews

2. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of visiting one or more offices of the reviewed firm.

The past two decades of technology advances has caused firms with multiple offices to no longer act as individual silos; different offices tend to work together. It seems more appropriate to evaluate each firm as a whole and ensure there is adequate coverage of the various types of risk (specialized industries, engagement types, individual partners).

Removal of the Requirement for Surprise Engagements in System Reviews

3. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views on specific peer review risks that may warrant selecting a surprise engagement.

If a peer review risk is detected during a review, it would always be appropriate for a peer reviewer to select a surprise engagement during the course of the review (including for a partial review).

Many small firms are still hard copy only so once again it would still be appropriate to make a surprise engagement for this review.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

The term is misleading, since it refers to the number of errors, not the severity of those errors.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. Please provide your views on the changes described.
Do you agree with the proposed change?

Yes
No

Please explain your reasoning.

Yes, as long as the documents continue to be reviewed by the technical reviewer (Per 210.70 these will continue to be provided).

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

Yes
No

Please explain your reasoning and indicate any specific proposed revisions.

210.20 & .21 do not seem to address whether the cross-selection address individual partners. The standards should not require each partner to be selected; but it seems there should be some consideration of individual partner risk. Perhaps A13 could address this?

210.51, last sentence, says that if you can't determine a systemic cause, document why on the MFC form. Did it mean to say FFC form (since the MFC normally does not document systemic cause; then again, perhaps the MFC form is expected to change?)

We are interpreting 210.53 as a change – it tells us to use an FFC for all Findings (even if they end up as Deficiencies). Is that the intent?

210.64h: The technical reviewer quarterly phone call has identified that firms are tailoring this sentence inappropriately. We think firms would find this clearer (and would stop tailoring it) if it was worded as follows: “i. All engagements applicable to the peer review year under review. Engagements applicable to this year include financial forecasts or projections and agreed upon procedures with report dates within this year; for all other engagements, it includes those engagements with periods ending during the year.”

210.68k: Can we eliminate the need to pluralize and singularize the must-select engagements? We spend a lot of time changing these reports for what seems like an insignificant matter to the reader. It seems that we could change the standard to always pluralize? (identify the engagement types that existed and were required to be selected, period)

210.68 r (i): To clarify the requirements, The first bullet point (i) should be broken into five bullets (bullets ii through v would be re-numbered):

- “r. in a report with a peer review rating of *pass with deficiencies or fail*,
- i. Number each deficiency or significant deficiency (if more than one).
 - ii. Refer to the applicable requirements of the Statements on Quality Control Standards.
 - iii. Describe each deficiency (normally expressed as the systemic cause, the condition that led to the deficiency or significant deficiency).
 - iv. Describe the specific error(s) identified only to the extent necessary to understand the issue (see PRP 4250 for guidance)
 - v. If applicable, state that this resulted in nonconforming engagements

310.13: Will there be a new MFC form asking the firm to identify the systemic cause? (That would be fully supported! Systemic cause is currently not on our MFC forms)

310.14: can we separate letter (a) into 2 different items (one for remediating the QC system, and one for remediation of nonconforming engagements)? Too often I see the firms conflating these two concepts and it would be helpful to separate them in the standards.

310.14: items *c, d & e* should relate only to a deficiency or significant deficiency (when a LOR is required), and not to a finding.

310.A16: It would be helpful to add language to encourage the firm's remediation of their QC system to be responsive to the systemic cause(s).

7. Is the application and other explanatory material helpful to support the application of the requirements?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

100.A11 – the last line of the matrix says if Prep is highest level of service, you would need an Engagement Review. We thought they needed no peer review.

210.A35, Exhibit A: I find the graphic (a) hard to use; and (b) it doesn't seem to get at the crux of what people are missing out on (primarily systemic causes). See the suggestion below, at the end of these comments.

8. Are the definitions easy to understand and apply?

Yes

No

Please explain your reasoning, your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100) and indicate any specific proposed revisions.

Corrective actions – Reviewed firms: At the end of the first sentence, Should delete the phrase "or actions required of a reviewer due to deficiencies in the reviewer's performance." That phrase belongs in the previous paragraph, for Peer reviewers. Deficiency (system reviews) starts with "One or more matters". But since we build from Matter to Finding to Deficiency, would it be clearer if this read "One or more findings that, considering the nature, systemic cause, pattern & pervasiveness, could result in a situation in which..." (this wording change also tends to put the emphasis back on systemic cause, which is the driver for FFCs, and is missing from MFCs)

Finding (system reviews) – It would help clarify things if the following was added after the first sentence: "The condition is normally expressed as the systemic cause of the matter(s)." My reasoning is to emphasize that the "condition" is referring to the systemic condition, not the specific error that occurred on an engagement.

Also, for both Finding definitions, the last sentence should say "A finding should

be documented... on an FFC form *unless included in the report as a deficiency (or significant deficiency)*" – unless this is an intentional change to the form; as noted above, it is repeated at 210.53

Systemic cause (system reviews) – This is a critical concept, and it is often misunderstood in practice. Need to codify the discussion that occurred at this year's Peer Review Conference. Perhaps a second sentence is added that says: Identifying the appropriate root cause often requires several iterations of inquiry (asking " why did that happen?").

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?

Yes

No

Do you think an engagement letter should be required for all peer reviews?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain–qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .16–.18 of PR-C section 400)?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response.
Do you agree with the proposed effective date?

Yes
No

If no, please provide reasons for your response.

Overall, there are not that many changes to the standards and the codification is very helpful therefore we don't think the effective date is too ambitious.

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

The training would need to focus on the changes that are occurring (as identified in the first 5 questions above: but also any changes in MFC or FFC forms)

Regarding item 7, above: In paragraph 210.A35, Exhibit A, the graphic is difficult to use. It is trying to do too much in one flowchart – it is showing the entire process, including how to evaluate a matter, and how to document the matter on the forms. That is too much info to present in a single graphic. It would bring clarity if the graphic was narrower in its focus. The reason to improve this is that this AE is currently seeing the following 3 problems in practice that could be improved if the standards offered more clarity on:

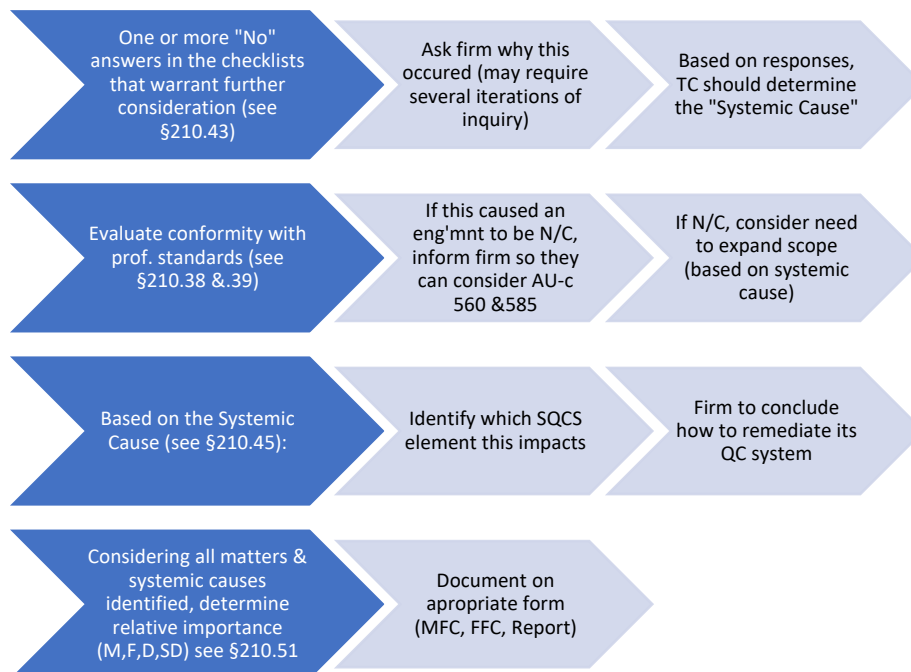
- Equating SQCS with Systemic Cause (e.g., “the systemic cause is engagement performance”)

- Going straight from a Matter to a SQCS (often calling it a Systemic Cause) without considering the root cause (for example: “the firm omitted some required footnote disclosures; the systemic cause is engagement performance”)
 - Often when the reasons why a condition occurred is asked, the team captain talks through a proper root cause, which ends up being a different SQCS.
 - Using an analogy with a medical condition, many would understand better if they could see the Condition as a “symptom”, with the Systemic Cause as the “illness”
- There is a disconnect between the systemic cause and the firm’s remediation of its QC system (many don’t see that the Systemic Cause should determine the SQCS element and should drive the firm’s remediation of its QC system).

The section is called “Identifying, Aggregating, and Evaluating Matters, Findings, Deficiencies, and Significant Deficiencies” – we believe that’s all the section should deal with. Dealing with the overview of the process is not necessary. To deal with the above practice issues, a graphic is needed to assist thinking through the evaluation of a matter. Separate this into two graphs, one to visualize the thought process and one to visualize how to document, to present a clearer picture.

Here is our proposed first graphic, to explain how to think about a Matter and its elevation to a Finding, Deficiency, or Significant deficiency:

Process for Evaluating a Matter



Here is our proposed second chart to address documentation:

Documentation of Matters Identified

An MFC form should be created for every matter identified

- More than one issue may be aggregated onto a single MFC form. Generally this would occur for related issues that have the same systemic cause; although MFC forms should normally be separated for different levels of service (helps with statistics).
- The matter should be written with sufficient specificity to allow a RAB to understand what the firm did and didn't do wrong.
- If the matter is isolated, or remote that it would impact the firm's QC system, the issue may stop at a Matter.
- Note, however, that if it resulted in a nonconforming engagement, the firm should still consider AU-c 560 & 585, and include its conclusion in the representations letter.

An FFC form should be created for matters that do not rise to deficiency or significant deficiency

- The FFC forms should normally be aggregated by systemic cause;
- Description should include a summary of the MFC description(s), plus systemic cause and the impacted SQCS element (see PRP secn. 4250 for guidance)
 - if applicable, should include level of service, must-select industry, and nonconforming engagements.
- Based on the systemic cause, the FFC should document:
 - the firm's remediation of its QC system;
 - the firm's conclusions under AU-c 560 & 585 to remediate the specific engagement(s).

Findings that rise to a deficiency or significant deficiency should be included as such in the Peer Review Report

- Should be numbered for each Deficiency/ significant deficiency;
- The discussion in the report should start with a reference to the applicable requirement from the SQCS and the systemic cause (i.e., the scenario that led to the deficiency/ significant deficiency). It does not need to include the details of specific engagement errors, unless necessary to understand the issue. See PRP 4250 for guidance.
- if applicable, should include level of service, must-select industry, and nonconforming engagements.
- identify any repeat deficiencies/ significant deficiencies from the prior peer review

Making the change above would likely necessitate a similar change to §220.A6, Exhibit A.



RSM US LLP

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December 14, 2021

Mr. Brad Coffey
Peer Review Board
American Institute of Certified Public Accountants
220 Leigh Farm Road
Durham, NC 27707-8110

Re: Exposure Draft, *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews – Clarification of AICPA Standards for Performing and Reporting on Peer Reviews*

RSM US LLP appreciates the opportunity to offer our comments in response to the Exposure Draft, *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews – Clarification of AICPA Standards for Performing and Reporting on Peer Reviews* (the Exposure Draft). RSM US LLP is a leading provider of audit, tax and consulting services focused on the middle market. We have nearly 13,000 people located in 84 cities in the United States and five locations in Canada.

A commitment to the highest standards of audit quality requires a dedication to continuous improvement. Given that the objective of the peer review program is to promote and enhance quality in accounting and auditing services, we appreciate that the Peer Review Board is engaged in ongoing efforts to improve audit quality by enhancing the clarity and usefulness of the standards for performing and reporting on peer reviews. We note that many firms establish their internal inspection protocol and policies based on the peer review standards. Therefore, the Board's efforts in establishing clear, cohesive peer review standards affect audit quality monitoring directly and indirectly.

We applaud the Peer Review Board's efforts to clarify the peer review standards and thereby make them easier to read, understand and apply. We agree with the Board's proposed conventions of (a) organizing the PR-C sections by user and review type; (b) providing relevant definitions for all clarified PR-C sections in the first section, which is applicable to all users; and (c) separating requirements from application and other explanatory material.

We believe the proposed changes to the peer review standards will improve audit quality. Like audit quality improvement, enhancing standards for this profession is an iterative process. We believe the implementation of the Auditing Standards Board's requirements in its recently proposed statements on quality management standards will require further evaluation of the peer review standards for congruency with those requirements. For example, the proposed changes to the peer review standards include illustrative report examples in Exhibit B of Section 210 that will require evaluation of the terminology used (e.g., *quality control* compared to *quality management*) as well as substantive considerations (e.g., how the form of report and the reviewer's evaluation is impacted by the required annual assessment of the firm's system of quality management, including the differentiation between deficiencies identified by the peer review and those identified by the firm). We also believe the peer review standards should be further evaluated to consider whether Section 220 and (or) Section 320 should include procedures related to the requirement for the firm to have a system of quality management that is operating and assessed annually.

In this letter, we address the requests for comment in the Exposure Draft.

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm’s Office

1. *Please provide your views on the changes described. In addition, please provide your views about the advantages and disadvantages of performing some or all system review procedures remotely.*

We agree with the removal of the requirement for the majority of procedures in a system review to be performed at the reviewed firm’s office. We agree that the reviewer should determine whether onsite procedures are necessary based on the risk assessment the peer reviewer performs in preparation for the peer review. We believe that, with appropriate planning, communication and use of technology, this risk-based approach will provide both inspectors and firms flexibility, efficiency, cost-saving opportunities and the ability to involve more individuals in the peer review process.

Change to the Requirements for Onsite Office Visits in System Reviews

2. *Please provide your views on the changes described. In addition, please provide your views on the advantages and disadvantages of visiting one or more offices of the reviewed firm.*

We agree with the change to the requirements for onsite office visits in system reviews. We agree that the peer reviewer should be required to consider whether visiting one or more offices of the firm is necessary when determining the appropriate procedures to be performed as part of the peer reviewer’s risk assessment. We believe that, with appropriate planning, communication and use of technology, this risk-based approach will provide both inspectors and firms flexibility, efficiency, cost-saving opportunities and the ability to involve more individuals in the peer review process.

Removal of the Requirement for Surprise Engagements in System Reviews

3. *Please provide your views on the changes described. In addition, please provide your views on specific peer review risks that may warrant selecting a surprise engagement.*

Given the many recent improvements to firms’ electronic systems of records and technology, the risk of firms modifying their engagement files after inspection selections have been made is greatly reduced. In addition, most systems of record typically include an audit trail, which would allow the peer reviewer to identify situations where files were modified subsequent to selection. We therefore believe that the controls utilized by most firms’ engagement software can allow the peer reviewer, in its discretion, to deem it unnecessary in a system review to provide an engagement selection to the firm upon arrival at the reviewed firm’s office (i.e., surprise engagements). We support the removal of this requirement, together with the board’s proposal to require the reviewer to determine whether a surprise engagement is necessary as part of the peer reviewer’s risk assessment procedures. For example, a reviewer may be more likely to select a surprise engagement if (a) engagement documentation is in paper form; (b) there are known problems with file lockdown; or (c) a firm’s electronic system did not provide information about archiving dates and (or) an audit trail that would allow the reviewer to determine whether subsequent changes were made.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. *Please provide your views on the changes described.*

We agree with the removal of the term “significant deficiencies” from the context of an engagement review. In the context of an engagement review, we agree that we should retain the description as “pass” or “fail.”

In the context of a system review, we suggest the Peer Review Board evaluate the discrepancies between the following two definitions and then consider whether further guidance or standards changes are needed to enhance the understandability and consistency of these terms:

Per paragraph .11 of PR-C Section 100, *Concepts Common to All Peer Reviews*:

Deficiency (system reviews). One or more matters that the reviewer has concluded could create a situation in which the reviewed firm would not have reasonable assurance of performing or reporting in conformity with the requirements of applicable professional standards in one or more important respects. Deficiencies should be documented in a peer review report with a rating of *pass with deficiencies*.

Per paragraph 17. of the proposed Statement on Quality Management Standards, *A Firm's System of Quality Management*:

Deficiency in the firm's system of quality management (referred to as *deficiency in this proposed SQMS*). This exists when (Ref: par. A10 and A169–A170)

- a quality objective required to achieve the objective of the system of quality management is not established;
- a quality risk, or combination of quality risks, is not identified or properly assessed; (Ref: par. A11)
- a response, or combination of responses, does not reduce to an acceptably low level the likelihood of a related quality risk occurring because the responses are not properly designed, implemented, or operating effectively; or
- an other aspect of the system of quality management is absent, or not properly designed, implemented, or operating effectively, such that a requirement of this proposed SQMS has not been addressed. (Ref: par. A12–A13)

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. Please provide your views on the changes described.

We agree with the removal of the requirement that the engagement profile and supplemental peer review checklist for single audit engagements be included in materials for meetings of the report acceptance body (RAB). However, we believe the RAB should have the ability to request, at its discretion, the inclusion of the engagement profile and supplemental peer review checklist for single audit engagements in materials for its meetings.

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

We believe the requirements in the proposed peer review standards generally are clear and understandable.

7. *Is the application and other explanatory material helpful to support the application of the requirements?*

We believe the application and other explanatory material generally is helpful to support the application of the requirements.

8. *Are the definitions easy to understand and apply? In addition, please provide your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100).*

We believe the master glossary is helpful to all users of the standards. We believe the definitions provided in PR-C section 100 generally are easy to understand and apply. However, please see our comment in question 9. regarding the definition of “commencement date.”

9. *Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Do you think an engagement letter should be required for all peer reviews?*

We believe the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews. We believe, however, that the term “commencement date” should be revised so as to include consideration of an engagement letter, which should be obtained before peer review planning commences. We believe it would be helpful to clarify whether the engagement letter date affects the commencement date.

We believe a signed engagement letter should be required for all peer reviews, as it is important for there to be a clear understanding between the reviewed firm and the reviewing firm about their professional responsibilities and the terms and conditions of the peer review. As such, we believe paragraph .A2 of PR-C Section 300, *General Principles and Responsibilities for Reviewed Firms*, should be moved from the “Application and Other Explanatory Material,” to become a requirement where appropriate in the standards and should be restated to read as follows (proposed addition is in bold font and proposed deletion is struck through):

The terms and conditions of the peer review ~~may~~ **should** be summarized in an engagement letter between the reviewed firm and the reviewing firm.

10. *Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?*

We believe that, when a committee member is not team captain-qualified but is practicing with a firm that has a non-pass rating in its most recent peer review report, it is appropriate for the administering entity to consult with AICPA staff and establish safeguards to address the roles of such a committee member. We believe the related application and other explanatory material is appropriate and understandable.

Effective Date

11. *Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. In addition, what are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?*

We believe it is appropriate for the standard to be effective for peer reviews commencing on or after May 1, 2022. However, we believe consideration should be given to providing implementation guidance, including clarity regarding the word “commencing.” We note that the glossary defines

“commencement date,” but it is unclear whether that is the same as “commencing.” For example, if an engagement letter was signed on March 15, 2022, and the reviewer begins the review of engagements on May 15, 2022, it is unclear whether the peer review should be performed in accordance with the proposed standards or the extant standards.

We appreciate this opportunity to provide feedback on the Exposure Draft and would be pleased to respond to any questions the Board or the AICPA staff may have about our comments. Please direct any questions regarding this letter to Jamie Klenieski, Audit Quality and Risk Leader, at 215.648.3014.

Sincerely,

RSM US LLP

RSM US LLP



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December 15, 2021

American Institute of Certified Public Accountants
Peer Review Board

Via email: PR_expdraft@aicpa.org

Re: Comments on Exposure Draft, *Clarification of AICPA Standards for Performing and Reporting on Peer Reviews*, September 15, 2021

Dear Board Members

CliftonLarsonAllen LLP (CLA) appreciates the opportunity to comment on the American Institute of Certified Public Accountants (AICPA) Peer Review Board's (PRB) Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews, *Clarification of AICPA Standards for Performing and Reporting on Peer Reviews*, dated September 15, 2021. We understand these proposed changes are intended to make peer review guidance easier to read, understand and apply by adopting drafting conventions like those used by other professional standard setters. Our responses to the requested matters and other observations are attached.

We would be pleased to discuss any questions that you or your staff may have regarding our comments.

Sincerely,

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Respondent Comment Letter Template

The purpose of this template is to help respondents draft responses to the exposure draft *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews*.

Guide for Respondents

The AICPA Peer Review Board (PRB) welcomes feedback from all interested parties on this proposal. Comments are most helpful when they refer to specific paragraphs, include the reasons for the comments, and, when appropriate, make specific suggestions for any proposed changes to wording. If you agree with proposals in the exposure draft, it will be helpful for the PRB to be made aware of this view, as well.

Written comments on the exposure draft will become part of the public record of the AICPA and will be made available on the AICPA's website. Please provide responses that are

- submitted as Microsoft Word documents by December 15, 2021, and
- sent directed to Brad Coffey at PR_expdraft@aicpa.org.

This form is just for your convenience; it is not necessary to use this form or format in submitting your response. You are welcome to answer any or all questions. Again, comments are due by December 15, 2021.

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

The use of modern technology allows for remote access to a substantial portion of the evidence needed to conduct effective peer review procedures. We believe the team captain is in the best position to apply the judgment needed to determine whether procedures in a system review should be performed at the reviewed firm's office and agree with the proposed change.

Change to the Requirements for Onsite Office Visits in System Reviews

2. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of visiting one or more offices of the reviewed firm.

The use of modern technology allows for a firm to effectively communicate its quality control policies and procedures to multiple offices. This technology also allows for peer reviewers to observe whether these communications are adequate. We believe the determination of whether to visit or select engagements from a particular office should be based on peer review risk and agree with the proposed change and related factors to consider when making this determination.

Removal of the Requirement for Surprise Engagements in System Reviews

3. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views on specific peer review risks that may warrant selecting a surprise engagement.

The technology utilized by most firms significantly reduces the risk of a firm modifying an engagement between the time the reviewer makes engagement selections and the time those engagements are reviewed, and we support the proposed change to remove this requirement.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

We agree that the use of the term “significant deficiency” is misleading and unnecessary, and we support the proposed change to remove this term from the guidance for performing engagement reviews.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes No

Please explain your reasoning.

The qualifications and training required of technical reviewers involved with Single Audit engagements is sufficient to allow them to adequately identify and evaluate the critical information that should be provided to the RAB. We agree with the proposed change to remove the requirement that this documentation be included in the materials for RAB meetings.

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

No further comments.

7. Is the application and other explanatory material helpful to support the application of the requirements?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

No further comments.

8. Are the definitions easy to understand and apply?

Yes No

Please explain your reasoning, your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100) and indicate any specific proposed revisions.

No further comments.

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?

Yes

No

Do you think an engagement letter should be required for all peer reviews?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

We believe engagement letters should be required to have clarity of the agreement between firms and reviewers like all other services we provide.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing

with a firm that has received a non-pass peer review report rating (refer to paragraphs .17–.19 of PR-C section 400)?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

No further comments.

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response.
Do you agree with the proposed effective date?

Yes No

If no, please provide reasons for your response.

No further comments.

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

The mapping documents provided with the exposure draft are helpful to understand the new location and organization of the proposed standards. Alignment with the conventions used by other standard setters increases the understandability of the proposed standards and reduces the number of additional training and resources needed by stakeholders.

The Board should consider including a summary document that outlines any new or revised requirements other than the organization and location of the extant guidance.

December 15, 2021

AICPA Peer Review Board
Attn: Brad Coffey
Via email: PR_expdraft@aicpa.org

Re: **Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews:**
Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Mr. Coffey and Board Members:

The Peer Review Committee of The Ohio Society of CPAs appreciates the opportunity to provide comment on the above-referenced Proposed Standards. We are strongly supportive of the clarification project to make peer review guidance easier to read, understand and apply. Specific comments on the exposure draft follow:

Overall Comments:

Intersection with new Quality Management Standards:

The committee is concerned that the new ASB Quality Management Standards will set up engagement review firms to fail if the peer review standards do not provide for assistance to these firms through the peer review process. Suggestions include:

- Require confirmation in an engagement review that the firm has a quality management document.
- Require completion of the quality management review checklist in engagement reviews, and if there are “no” answers, provide the ability for the reviewer to supply recommendations to management that do not affect the results of the peer review.
- Include language in the representation letter with greater specifics than “I have a quality management system,” such as “I have a quality management document, which addresses all of the required elements of quality management.”

Association with a firm:

The previous peer review standards were unclear as to whether doing EQCRs or pre-issuance reviews for another firm caused the reviewer to be “associated with” the firm, meaning that the firm needed a “pass” report for the reviewer to remain qualified as a peer reviewer. Per discussions with AICPA staff, it appears that if a reviewer is going to claim experience for the work, they will be considered to be associated with the firm (thus requiring the firm to obtain a “pass” report for the reviewer to remain eligible,) but if they are not claiming experience for it, they will not be considered associated with the firm. This area (and our understanding) can still use some clarification.

One suggestion from the committee was to associate a peer reviewer at the engagement level when obtaining experience via an EQCR or a pre-issuance review. Accordingly, if the reviewer is using the EQCR to obtain experience in a particular industry, engagements in that industry

may not be non-conforming (versus the outside firm's entire peer review.) For example, if the reviewer is using the EQCR to obtain experience in a particular industry and the other firm has a Pass with Deficiencies rating, the reviewer would not be disqualified from performing reviews if none of the deficiencies or findings relate to the particular industry. If any of the findings do relate to the particular industry, the reviewer would not be disqualified from performing reviews but would be required to remove the industry from their resume.

Section 200.A23 should be more specific regarding what roles permit a reviewer to pick up an industry code.

Disclosures to Accountancy Boards:

The committee supports the additions to the list of things in Section 300.A18-.A19 that can be disclosed to state boards with permission of the firm.

Responses to specific questions in the exposure draft follow:

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. *Please provide your views on the changes described. In addition, please provide your views about the advantages and disadvantages of performing some or all system review procedures remotely.*

We support the decision of whether a system review can be performed offsite being based on the peer review risk assessment. The technology to permit an effective process is in place and has been proven during the pandemic. This also opens up the opportunity for utilizing more team members, particularly in specialized practice areas.

Change to the Requirements for Onsite Office Visits in System Reviews

2. *Please provide your views on the changes described. In addition, please provide your views on the advantages and disadvantages of visiting one or more offices of the reviewed firm.*

We support considering whether an onsite visit is necessary as part of the peer review risk assessment, due to advancements in technology.

Removal of the Requirement for Surprise Engagements in System Reviews

3. *Please provide your views on the changes described. In addition, please provide your views on specific peer review risks that may warrant selecting a surprise engagement.*

We agree that whether a surprise engagement is necessary should be part of the peer review risk assessment, due to advancements in technology.

Removal of the Term "Significant Deficiency" in Engagement Reviews

4. *Please provide your views on the changes described.*

We agree that the term “significant deficiencies” is misleading and unnecessary in engagement reviews, and suggest consideration of also removing the term for system reviews.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. *Please provide your views on the changes described.*

We agree that the engagement profile and supplemental peer review checklist for single audits, including the explanation of “no” answers does not need to be provided to the RAB, since these are reviewed by the technical reviewer, who is required to have specialized training. The technical reviewer may request that such information be provided to the RAB at their discretion. However, when fulfilling oversight responsibilities, we may want to emphasize selection of reviews with single audit engagements.

Issues for Consideration, Written Comments, or Suggestions

6. *Are the requirements in the proposed peer review standards clear and understandable?*

Generally, the requirements of the proposed peer review standards are clear and understandable, except for examples mentioned herein.

Section 100.10 should include more specific examples of what international standards are included within the scope of the U.S. peer review. 100.A12 provides examples of what international standards are excluded from peer review.

In Section 100.A27, more guidance and training is needed on what is a repeated systemic issue.

In Section 210.A68.09 some examples are provided about relying on the firm’s inspection as part of peer review. In one of the examples, the peer reviewer is integrally involved in the firm’s inspection process in the peer review year, and in another, the peer reviewer helped the firm implement guidance in their internal control system. Aren’t those two examples independence impairments? The examples should be clarified regarding the circumstances that cause these to not be independence impairments.

In Section 220 Appendix A, the distinction between missing a critical element and the omission of a phrase would benefit from additional clarification. For example, committee members noted that at the peer review conference, it was stated that certain phrases (in a basis of accounting example) are considered a critical element because they are bulleted in the standard.

The committee found the language in Section 400 .35-.36 unclear regarding referrals to hearing panels for consecutive non-pass peer reviews, but found the guidance in Appendix A .17-.19 to provide the missing clarity. Perhaps the language from Appendix A .17-.19 should be included in Section 400 .35-.36.

7. *Is the application and other explanatory material helpful to support the application of the requirements?*

The committee felt that the requirements and application material are generally clear, with the exception of comments on specific sections as listed herein.

8. *Are the definitions easy to understand and apply? In addition, please provide your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100).*

The definition of commencement date is inconsistently applied in practice and the committee encouraged revisiting this definition. It appears that the commencement date is the earlier of when the reviewer begins the review or learns information that affects the review (wouldn't the latter include planning?) Some interpret as the beginning of fieldwork. One recommendation for consideration for greater consistency would be the date when the reviewer obtains the signed engagement letter.

9. *Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Do you think an engagement letter should be required for all peer reviews?*

We believe the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews. An engagement letter should be required, but should not be submitted (due to concerns about access to fee information.) The committee prefers a presumptive requirement ("should", not "must").

10. *Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?*

We found the guidance in this section to be appropriate and understandable.

Effective Date

11. *Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. In addition, what are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?*

Provided that guidance, resources and training are made available sufficiently in advance of the effective date, the committee agreed with a 5/1/2022 effective date. Note that since some firms also have a tax busy season, two weeks prior to 5/1/2022 is not sufficient time for preparation. If guidance cannot be made available sufficiently in advance of tax season, or if any training will be required for team captains prior to doing reviews under this standard, 1/1/2023 would be a preferable effective date.

The Ohio Society of CPAs Peer Review Committee appreciates your consideration of our input and suggestions. If you have any questions, please contact me at the below email address.

Best Regards,

A handwritten signature in black ink that reads "Mark A. Welp". The signature is written in a cursive style with a large initial 'M' and 'W'.

Mark A. Welp, CPA, CFE, Chair
OSCPA Peer Review Committee
mwelp@holbrookmanter.com



December 14, 2021

Brad Coffey, CPA
Technical Manager-Peer Review
AICPA Peer Review Program
American Institute of Certified Public Accountants
220 Leigh Farm Road
Durham, NC 27707-8110
PR_expdraft@aicpa.org

Re: Exposure Draft – *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews; Clarification of AICPA Standards for Performing and Reporting on Peer Reviews*

Dear Mr. Coffey:

One of the expressed goals of the Texas Society of Certified Public Accountants (TXCPA) is to speak on behalf of its members when such action is in the best interest of its members and serves the cause of Certified Public Accountants in Texas, as well as the public interest. The TXCPA has established a Peer Review Committee (PRC) to represent those interests on peer review matters. The views expressed herein are written on behalf of the PRC, which has been authorized by the TXCPA Board of Directors to submit comments on matters of interest to the committee membership. The views expressed in this document have not been approved by the TXCPA Board of Directors or Executive Board and, therefore, should not be construed as representing the views or policy of the TXCPA. Please find our responses below to the changes proposed in the above-referenced exposure draft.

Requests for Comments:

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm’s Office.

1. Please provide your views on the changes described. In addition, please provide your views about the advantages and disadvantages of performing some or all system review procedures remotely.

Response: The committee agrees with the proposed changes and has not seen a decrease in peer review quality when performed remotely. However, we have observed some delays, communication issues and extended review completion times as a result.

Change to the Requirements for Onsite Office Visits in System Reviews.

2. Please provide your views on the changes described. In addition, please provide your views on the advantages and disadvantages of visiting one or more offices of the reviewed firm.

Response: The committee agrees with the proposed change to the requirements for onsite office visits in system reviews.

Removal of the Requirement for Surprise Engagements in System Reviews.

3. Please provide your views on the changes described. In addition, please provide your views on specific peer review risks that may warrant selecting a surprise engagement.

Response: The committee agrees with the proposed change related to the removal of the requirement for surprise engagements.

Removal of the Term “Significant Deficiency” in Engagement Reviews.

4. Please provide your views on the changes described.

Response: The committee agrees with the proposed change to remove the term “significant deficiency” in engagement reviews.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings.

5. Please provide your views on the changes described.

Response: The committee agrees with the proposed change. However, we also believe that technical reviewers should be permitted to include these single audit documents in the RAB meetings at their discretion.

Removal of Guidance on Performing and Reporting on Reviews of Quality Control Materials

Response: The committee agrees with the proposed change.

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

Response: The committee agrees that the proposed peer review standards are clear and understandable.

7. Is the application and other explanatory material helpful to support the application of the requirements?

Response: The committee agrees that the application and other explanatory material is helpful to support the application of the requirements.

8. Are the definitions easy to understand and apply? In addition, please provide your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100).

Response: The committee believes that the definitions are easy to understand and apply and that the master glossary is helpful to all users.

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Do you think an engagement letter should be required for all peer reviews?

Response: The committee believes that the current requirement for commencing a peer review is sufficient. Unlike audits, the engagement letter for peer reviews is not needed to satisfy requirements or communications surrounding peer review standards. We believe that engagement letters are a contract between the peer reviewer and the reviewed firm, and should be strongly encouraged as a best practice, rather than required.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?

Response: The committee believes that the application and other explanatory material is appropriate and understandable.

Effective Date

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. In addition, what are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

Response: The Committee believes that the proposed effective date is appropriate.

We appreciate the opportunity to provide input on this exposure draft of proposed changes to AICPA standards.

Sincerely,



Timothy S. Pike, CPA
Chair, Peer Review Committee
Texas Society of Certified Public Accountants



COMMONWEALTH OF VIRGINIA
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Board Member

D. Brian Carson, CPA, CGMA
Board Member

Nadia A. Rogers, CPA
Board (Educator) Member

Nancy Glynn, CPA
Executive Director

December 15, 2021

AICPA Peer Review Program
Attn: Brad Coffey

Dear Brad,

Attached you will find the Virginia Board of Accountancy's comments regarding the Proposed Changes to *the AICPA Standards for Performing and Reporting on Peer Reviews*.

We would also like to express our concern related to the Peer Reviewers whose practice is significantly comprised of performing peer reviews in relation to accounting and auditing engagements. While it is a delicate balance between experience in performing peer reviews and actually being a peer based on the accounting and auditing engagements performed, we have noted an imbalance in Peer Reviewers and would like to suggest a requirement that would prevent this imbalance (for example, a maximum limit on the number of engagements or percentage of revenue derived from peer review engagements as compared to that of accounting and auditing engagements). We also remain mindful of the limited number of Peer Reviewers and are in support of continued efforts to recruit Peer Reviewers.

Sincerely,

A handwritten signature in blue ink that reads "Nancy J. Glynn".

Nancy J. Glynn CPA

Executive Director

Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Respondent Comment Letter Template

The purpose of this template is to help respondents draft responses to the exposure draft *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews*.

Guide for Respondents

The AICPA Peer Review Board (PRB) welcomes feedback from all interested parties on this proposal. Comments are most helpful when they refer to specific paragraphs, include the reasons for the comments, and, when appropriate, make specific suggestions for any proposed changes to wording. If you agree with proposals in the exposure draft, it will be helpful for the PRB to be made aware of this view, as well.

Written comments on the exposure draft will become part of the public record of the AICPA and will be made available on the AICPA's website. Please provide responses that are

- submitted as Microsoft Word documents by December 15, 2021, and sent directed to Brad Coffey at PR_expdraft@aicpa.org.

This form is just for your convenience; it is not necessary to use this form or format in submitting your response. You are welcome to answer any or all questions. Again, comments are due by December 15, 2021.

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

Due to modern technology and the changed landscape as it relates to work arrangements (in person, remote, and hybrid), we agree that the majority of the procedures in a system review can be performed at a location other than the reviewed firm's office. We believe that, despite removal of this requirement, the high quality of peer review is maintained while efficiency is enhanced by easing logistical and scheduling issues.

Change to the Requirements for Onsite Office Visits in System Reviews

2. Please provide your views on the changes described.
Do you agree with the proposed change?

Yes
No

Please explain your reasoning, including your views about the advantages and disadvantages of visiting one or more offices of the reviewed firm.

Similar to 1. above, due to modern technology and the changed landscape as it relates to work arrangements (in person, remote, and hybrid), we agree that the requirement to visit a sufficient number of offices (onsite) to provide reasonable assurance that quality control policies and procedures are adequately communicated throughout the firm can be removed. We believe that, despite removal of this requirement, the high quality of peer review is maintained while efficiency is enhanced by easing logistical and scheduling issues.

Removal of the Requirement for Surprise Engagements in System Reviews

3. Please provide your views on the changes described.
Do you agree with the proposed change?

Yes
No

Please explain your reasoning, including your views on specific peer review risks that may warrant selecting a surprise engagement.

We have concerns regarding the removal of the surprise engagement selection. While we recognize that technology has advanced and oftentimes engagement software packages are relied upon, not all firms maintain electronic workpapers. Many firms brought to Enforcement are not technologically advanced and, as a result, in these instances, we do not believe removal of this requirement is appropriate nor is it in line with the ultimate goal of high quality peer reviews in support of self-regulation. We propose continuing to require surprise selections for those firms who do not utilize electronic engagement software packages/electronic workpapers, at a minimum. It would be interesting to know the number of firms who do not maintain electronic workpapers as well as the number of firms whose surprise engagement selection significantly differs in quality from the remaining engagements selected.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

We agree that the use of “Significant Deficiency” in engagement reviews was misleading and unnecessary and, as a result, are in support of this proposed change.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

We firmly believe that the peer review process should be as strong as possible for single audit engagements and, as a result, are not in support of removing the requirement that peer review documents for single audit engagements be included in materials for RAB meetings.

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

Yes, the requirements in the proposed peer review standards are clear and understandable.

7. Is the application and other explanatory material helpful to support the application of the requirements?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

Yes, the application and other explanatory material is very helpful in applying the requirements.

8. Are the definitions easy to understand and apply?

Yes No

Please explain your reasoning, your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100), and indicate any specific proposed revisions.

Yes, the definitions are easy to understand and apply.

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?

Yes No

Do you think an engagement letter should be required for all peer reviews?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

Yes, the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews. Additionally, yes, we believe it is important that engagement letters are required for all peer reviews as this letter documents the understanding and agreement of both parties in conducting the peer review.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain–qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .16–.18 of PR-C section 400)?

Yes
No

Please explain your reasoning and indicate any specific proposed revisions.

The application and other explanatory materials regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass Peer Review report rating are appropriate and understandable.

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response.
Do you agree with the proposed effective date?

Yes
No

If no, please provide reasons for your response.

N/A

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

We believe that holding virtual or hybrid sessions to train stakeholders in addition to offering pre-recorded sessions and/or electronic materials through state societies and boards of accountancy would be helpful.

Dec. 15, 2021

Mr. Brian Bluhm, Chair
AICPA Peer Review Board
220 Leigh Farm Road
Durham, NC 27707-8110
PR_expdraft@aicpa.org

Re: Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Dear Mr. Bluhm:

The Peer Review Committee (the committee) of the Pennsylvania Institute of Certified Public Accountants (PICPA) appreciates the opportunity to comment on the proposed *Clarification of AICPA Standards for Performing and Reporting on Peer Reviews*. The PICPA is a professional association of approximately 18,000 members working to improve the profession and better serve the public interest. Founded in 1897, the PICPA is the second-oldest CPA organization in the United States. Membership includes practitioners in public accounting, education, government, and industry. The committee is composed of practitioners from both regional and small public accounting firms, and it oversees the administration of the AICPA's peer review program for Pennsylvania, Delaware, New York, and the U.S. Virgin Islands.

The committee supports the AICPA Peer Review Board's project to codify the peer review standards, and related interpretations and guidance and believes that this will help in onboarding new peer reviewers in the future.

The committee's comments on the proposed changes are below:

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

Our committee is divided on whether the requirement to perform a majority of procedures in a system review at the reviewed firm's office should be removed. For this reason, we answered the question with both 'yes' and 'no.' The committee can envision situations where a review could be performed entirely remotely, however, there are certain situations when a system review should definitely be performed onsite. We have committee members who perform reviews of all sizes and, unfortunately, one size does not fit all firms. Given the circumstances of the past two years, many reviewers have shifted to performing a majority of the procedures off-site while still visiting the firm on-site for interviews and the closing and/or exit conference meetings.

The committee agrees the key is to ensure the overall peer review risk is addressed, whether the review is performed on or off-site. It should be up to the team captain to consider all the factors and to document why a remote review is appropriate if performed off-site. There should be a considerable list of risk-based criteria a team captain should have to evaluate when deciding whether to perform a review remotely or not. The committee recommends that the Peer Review Board (board) provide all reviewers with a comprehensive list of criteria. The risks, which will vary from review to review, will need to be clearly identified and explained thoroughly in the Summary Review Memorandum by the team captain. All reviewers need to understand that all system reviews are now not automatically to be performed off-site. Reviewers must remain adaptable and understand that a heightened risk could warrant the need to go on-site during the review.

The committee also asks the board to provide guidance for those situations when it is determined the rationale used by the team captain was not appropriate given the risk. When can a committee instruct a reviewer to go on-site to the firm?

Advantages to allowing reviews to be performed completely off-site:

- It allows a firm access to reviewers from all states without the need to travel, which could help with the declining pool of reviewers over the coming years.
- If rigidly scheduled and organized, members noted off-site reviews to be more efficient in some cases.

Disadvantages to maintaining the on-site requirement:

- Remote system reviews can take more time to perform and be inefficient for all parties involved.
- Firms are not as responsive and difficult to engage at times.
- It is hard to get a sense of the tone at the top when not in person and able to have side conversations with members of the firm, which can tell a lot about a firm and its culture.

- Firms may struggle with the technology necessary to perform an effective review off-site.
- Teaching opportunities tend to present themselves more often when on-site.
- May open the door for reviewers to start performing more reviews for a low fee with a residual impact on overall quality.
- “Lower” fee shopping could lead to firms requesting to switch administering entities (AEs).

Change to the Requirements for Onsite Office Visits in System Reviews

2. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of visiting one or more offices of the reviewed firm.

Overall, the committee is in favor of removing the requirement to visit a sufficient number of offices (onsite), including the firm’s executive office, when performing a system review of a multi-office firm. A reviewer’s decision whether or not to make an onsite visit to a particular office location will need to be supported by the overall peer review risk. As indicated in the response to question #1, the committee feels there should be a considerable list of risk-based criteria a team captain should have in order to evaluate whether to perform a review remotely or not, which would include considering which offices, if any, to visit in person.

Removal of the Requirement for Surprise Engagements in System Reviews

3. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views on specific peer review risks that may warrant selecting a surprise engagement.

The committee supports the decision to formally remove the requirement to select a surprise engagement. Some committee members think there is typically no difference in the performance of a surprise engagement, and it does not reveal anything new or different from the other engagements selected. However, the committee agrees that, if the peer review risk warrants it, a surprise engagement should be selected by the reviewer. As indicated in the response to question #1, the committee feels there should be a considerable list of risk-based criteria that a team captain should evaluate when deciding whether to perform a review remotely or not, which would include the need to select a surprise engagement.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

The committee agrees with the proposed change of removing the term “significant deficiency” for engagement reviews only. The standards determine when the overall rating is a pass-with-deficiency vs. fail on an engagement review since it is based on the total number of nonconforming engagements.

Removal of the Requirement that Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

The committee does not agree that the single audit engagement profile should be removed as one of the required documents to be provided to the Report Acceptance Body (RAB). There is a significant amount of important information included on the engagement profile, so the committee believes it should still be provided in all instances.

The committee does agree that the Part A checklist could be removed as a required document to be provided to the RAB. A technical reviewer will still have the option to send the checklist if there are any unresolved questions and/or a RAB consult, thus making it beneficial for the RAB to review the document itself.

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

Yes
No

Please explain your reasoning and indicate any specific proposed revisions.

Based on the additional comments at the end of this document, the committee does not feel at the present time that all the requirements in the proposed standards are clear and understandable. Please see below for our additional comments, questions, and observations noted on the proposed standards.

The committee does think the table of contents is a helpful addition.

7. Is the application and other explanatory material helpful to support the application of the requirements?

Yes
No

Please explain your reasoning and indicate any specific proposed revisions.

Based on the additional comments listed at the end of this document, the committee does not feel at the present time that all the application and other explanatory material is helpful to support the application. Please see below for our additional comments, questions, and observations noted on the proposed standards.

The committee does not think the current location is particularly helpful either. The committee recommends that the explanatory material be located immediately following the applicable standard or possibly as a footnote at the bottom of the applicable page. Another option would be to hyperlink to the explanatory material within the applicable standard. It is beneficial to read the standard, the application, and the explanatory material in succession without having to flip pages back and forth. The current location is not conducive to reading the material in the proper progression.

8. Are the definitions easy to understand and apply?

Yes

No

Please explain your reasoning, your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100), and indicate any specific proposed revisions.

The committee thinks the glossary of terms and definitions are useful and easy to reference given the centralized location compared with being located throughout the standards.

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?

Yes

No

Do you think an engagement letter should be required for all peer reviews?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

The committee does not think the current requirements for commencing a review adequately considers the differences between system and engagement reviews. The specific guidance around what constitutes “commencement” should be enhanced for system reviews. Many team captains consider commencement to be when he or she starts to plan the system review, which can include reviewing the firm’s Quality Control document, the list of engagements, or holding preliminary discussions with the firm. Even

if a team captain does not learn of anything during these activities that could affect the result of the current review, many reviewers feel as though they have “commenced.”

While an engagement letter can help protect a reviewer and can be viewed as a best practice, the committee does not feel an engagement letter should be required for all peer reviews.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .16–.18 of PR-C section 400)?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

The committee does not feel the application or explanatory material is either clear or appropriate. If a committee member, even if that member is not team-captain-qualified, is associated with a firm that has received a non-pass rating, the member should not be eligible to serve on said committee.

Presently, committee members are restricted from participating in a RAB or Peer Review Committee Executive Meeting if he or she has been restricted as a result of a late work paper submission. The association with a firm that has received a non-pass rating should make all reviewers, even team members only, ineligible to serve on any peer-review-related committee or task force.

Also note that the references to the applicable paragraphs above in question #10 appear to be incorrect. The applicable paragraphs are .17 to .19 and .A19 to .A21 of PR-C Section 400.

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response.

Do you agree with the proposed effective date?

Yes

No

If no, please provide reasons for your response.

Given the work commitments and responsibilities of already-busy peer reviewers outside of peer review, the committee does not think an effective date of May 1, 2022, provides adequate time for all reviewers to process and understand the clarified standards. To ensure an effective rollout and adoption of the proposed standards, adequate time is necessary for all stakeholders. The committee believes an effective date of Sept. 1, 2022, would allow the AICPA to discuss and thoroughly review the standards with all attendees at the 2022 Peer Review conference.

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

The application of the revised standards should be emphasized through case studies presented and discussed at the 2022 Peer Review conference. A peer reviewer alert highlighting all the significant changes within the standards would be helpful as well.

Overall, it is unclear to us where all the current guidance and interpretations included in the peer review manual today will reside once the clarified standards are effective next year. We did see that most of the current guidance, especially from PRP Sec. 3100, has been incorporated in the proposed standards, but it has been significantly pared down. As a result, a lot of the explanation and detail that exist today will be lost. If all the current guidance is not being included in the proposed standards, then where and how will this guidance be made available to peer reviewers, AE staff, and firms? We are specifically referring the following sections of the manual:

- Supplemental guidance (PRP Sec. 3100)
 - Implications of performing nonattest services
 - Examples of peer review reports and firm representation letters for system reviews that include engagements subject to Government Auditing Standards and the Single Audit Act
 - Impact of Government Auditing Standards CPE and peer review requirements
- Guidance for writing deficiencies included in system reviews (PRP Sec. 4250)

The committee would also like to share some additional comments and questions on the proposed standards, which are included in the Attachment.

We appreciate your consideration of our comments. We are available to discuss any of these comments with you at your convenience.

Sincerely,

Robert C. Bezgin, CPA

Robert C. Bezgin, Chair, PICPA Peer Review Committee

Attachment – Additional Comments

PR-C Section 100

- Pg. 17 – The proposed consent agenda criteria includes reviews with no Matters for Further Consideration, however, under current standards, an engagement review with only MFCs can be put on the consent agenda. Is this an intended change to the consent agenda criteria? We do not agree with this proposed change for engagement reviews, as it will move more reviews to the non-consent list. We propose system reviews with only MFCs having the option to be put on the consent listing, if deemed appropriate by the technical reviewer.
- Pg. 25 (100.24) – We believe the proposed standard is indicating that the peer review year-end should automatically be the 12-month period after the report date of the initial engagement. However, the standard goes on to include other factors to be considered, which could lead to a different peer review year-end. The standards should indicate the peer review set should include the year-ends of the engagements included in the scope of the review and the different level of services performed by the firm. Consideration should also be given to what the subsequent due date will be to ensure the timing works for the firm. The standard should indicate the firm should consult with the reviewer and the AE and not with the AE only when it is not the 12-month period after the report date.
- Pg. 34 (.A33) – “Other peer review publications, such as reviewer alert articles, are nonauthoritative; however, they may help the user understand and apply the standards.” What are other examples of nonauthoritative peer review publications? Are the current interpretations, including the supplemental guidance, considered authoritative?
- Pg. 35 (.A39) – The example shows the firm enrolled on 3/31/20X1, but the due date is two years later (3/31/20X3). Is this accurate? Based on the guidance now included at 100.24, why is the peer review year-end 9/30/20X2 (18 months) instead of 3/31/20X2 (12 months after report date)?

PR-C Section 200

- Pg. 41 (.16f) – We ask that “or during the peer review year” be clarified. It is unclear whether this refers to the timing of when the corrective action is performed or the period for which the corrective action is being performed (i.e. the year of the engagement). We also propose explanatory language or an example be added to clarify when a reviewer would be considered independent to perform a firm’s next review.
- Pg. 42 (200.26) – We believe the reference should be “... as described in paragraph .25,” and not “.26”. It should refer to the paragraph above (.25), which describes members of management.

PR-C Section 210

- Pg. 56 (210.28) – If the objective is to provide the firm time to assemble the engagements, shouldn’t the time frame be “no less than” as opposed to “no more than”? What is the basis for changing the standard from no earlier than three weeks to no more than two weeks?
- Pg. 57 (210.34 and 210.35) – We recommend the standard also indicate the implementation plan required to be assigned when a firm or individual lacks a license.

- Pg. 60 (210.51) – “In rare circumstances in which it is not practical to identify the systemic cause, the team captain should document the reason or reasons as part of SRM and on related MFC form.” We ask the board to consider providing examples of these rare circumstances to avoid reviewers defaulting to indicating “it is not practical.”
- Pg. 60 (210.53) – If not here in the standards, then we propose that the other explanatory material indicate the minimum requirements to be included in the description of finding (similar as to how it is currently listed on the Finding for Further Consideration form). We also request similar guidance be provided for MFCs. Many times, when we request reviewers to update a FFC to include the required elements, we are asked for where this is required in the standards (i.e., reference QC element). Unfortunately, having it spelled out in PRIMA is not enough.
- Pg. 61 (210.57 and 210.58) – We recommend referencing or reiterating here what is located at .A27 in Section 100, which states “the words used to describe the systemic cause are not indicative of whether it is a repeat and professional judgment is to be used.”
- Pg. 63 (210.64a) – The language stated at point (a) does not appear to be included in the proposed representation letter (Exhibit A PR-C Section 310). Does this language need to be added to the letter?
- Pg. 66 (210.69) – We recommend indicating specifically where in the report the sentence should be added for consistency purposes. We also propose the report should be modified by removing any references to an “audit” practice. The reference should read as “the accounting practice.”
- Pg. 67 (210.70) – Point (g) references supplemental checklists. What other checklists are required to be submitted other than the Part A checklist?
- Pg. 76 (.A48b) – We feel as though the proposed example appears to imply that if a firm does not receive annual independence confirmations it could result in a deficiency. Is that the implied intent?
- Pg. 78 (.A58) – Point “a” is not an accurate statement. Team captains do NOT have access to the Referral Database on AICPA’s SharePoint site.
- Pg. 93 Exhibit B (all illustrations) – We recommend the must-select footnote also include the guidance currently included in Section PRP 3100, the supplemental guidance, on Peer Review Reports and Firm Representation Letters for System Reviews that Include Engagements Subject to Government Auditing Standards and the Single Audit Act.

PR-C Section 220

- Pg. 105 (deficiency #1) – We understand this is an example report, but reviewers do use these samples as a guide for writing their own non-pass reports. The deficiency discusses how the partner did not have the appropriate knowledge and skills to perform the employee benefit plan (EBP) audit. However, the report does not describe any specific reporting or performance deficiencies with respect to the EBP audit. It is unclear as to why the EBP audit is non-conforming. There are no regulatory agency CPE requirements for EBP audits. It comes across as though the acceptance of the EBP audit is the sole reason the audit is deemed as non-conforming.
- Pg. 114 (200.22) – It appears as though only two dispositions are being proposed for a MFC on an engagement review. Is that accurate? If the matter is not being elevated to an FFC or report, are the proposed standards indicating an MFC should not be prepared?

- Pg. 121 (.A11) – Review captains are approved based on their level of experience (i.e., reviews, compilations, agreed upon procedures, etc.) and not based on industry experience for engagement reviews. We propose the standards explain when or why it would be necessary to add a team member or specialist?
- Pg. 122 (.A18) – Point “a” is not appropriate. Review captains do NOT have access to the Referral Database on AICPA’s SharePoint site.
- Pg. 129 Exhibit B (Illustrated Report) – We propose that the illustrations include a sample report for when only one engagement is included in the scope or please modify footnote 1. The note currently implies the only change necessary is in the title, which is not completely accurate. Other revisions are necessary throughout the report to reference a singular engagement vs. plural engagements.

PR-C Section 310

- Pg. 151 (310.14) – Points (a) and (b) pertain to a FFC and Letter of Response , but points (c), (d), and (e) only pertain to the LOR. Consider clarifying so it is clear for reviewers and firms.
- Pg. 157 (.A20) – We do not understand how a RAB can accept a review, with non-conforming engagements, when the firm has not confirmed its final intent with respect to remediation. Are the standards now proposing that RAB accept a review without a complete or appropriate response from a firm? What does it mean to assign an implementation plan or corrective action for the firm to provide its final remediation? Will these new action codes be programmed into PRIMA?
- Pg. 159-160 (.A26) – When a firm performs no audits but elects to have a system review, we propose the representation letter be modified to remove any references to an “auditing” practice.
- Pg. 160 (.A26) – Consider clarifying the name of the reviewed firm’s representative by asking for the signature as well as the printing of the name of the representative to ensure legibility.
- Pg. 163 (All illustrations in Exhibit B) – Are the new standards proposing the LOR must now be signed by a member of management with his or her name as opposed to the firm name? The illustration indicates the name of the reviewed firm representative. Also, footnote 4 references paragraph .27 of Section 200, and we believe this should likely reference paragraph .25.

PR-C Section 320

- Pg. 171 320.14 – Points (a) and (b) pertain to a FFC and the LOR but points (c), (d), and (e) only pertain to the LOR. Consider clarifying so it is clear for reviewers and firms.
- Pg. 175 (.A12) – To match Section 310, we propose this sentence start out as follows: “The committee may require the firm to make and document appropriate considerations ... etc.”
- Pg. 178 (.A19) – The references to SOC1 and SOC2 include the registered trademark symbols. If deemed appropriate and required, the reference is not consistent throughout the proposed standards. Other references to SOC1 and SOC2 do not include the trademark symbol.
- Pg. 181 (Exhibit B) – Are the new standards proposing the LOR must now be signed by a member of management with his or her name as opposed to the firm name? The illustration indicates the name of the reviewed firm representative. Also, footnote 4 references paragraph .27 of Section 200, and we believe this should likely reference paragraph .25.

PR-C Section 400

- Pg. 189-190 – We propose a table similar to the one included in the current RAB Handbook (pg. 120) be included to assist in the analysis of when to present a firm to the committee for non-consecutive pass reports. Reading and understanding the guidance in sentence format is difficult.
- Pg. 190 – The middle of the page includes a reference to Appendix A, but no Appendix A is included in the draft standards.
- Pg. 192 (400.49) – The proposed standards indicate a Tech. Reviewer can accept reviews on behalf of the RAB when MFCs only exist on a compilation or preparation engagement. However, this contradicts guidance at 200.22, which implies there are now only two dispositions for an engagement review, and an MFC-only is not one of them. Please elaborate.
- Pg. 208 (400.03a and .03b) – Please consider indicating that either party “should consult” with the AE as opposed to “may consult.” The language in point (b) seems to imply a firm can either explain the reasons for the disagreement in the MFC, FFC, and LOR **or** request it be presented to a disagreement hearing panel. We propose the “or” at the end of (ii) be changed to “and.” We want to avoid situations where a review is submitted and the first time we learn of a disagreement is during the technical review process.
- Pg. 209 (Appendix B – .05) – Why are the standards proposing that requests for a disagreement panel be submitted to the AE via a method that provides proof of delivery?

PR-C Section 410

- We propose that, in this section, the standards include information about which reviews and other items can be placed on the consent agenda or reference the definition of consent agenda in Section 100.

PR-C Section 420

- Pg. 232 (.A8) – The standards are proposing that a RAB or AE may recommend that a firm request a change in year-end of its subsequent peer review for various reasons, which would put a firm “off cycle.” This means there would be more than three years between the firm’s current and subsequent review.

We propose that the standards also provide guidance for RABs and AEs to consider when it becomes necessary to direct a firm “back on cycle,” which means there could only be two years until the firm’s following review, ensuring a firm is averaging a peer review every three years as required.

As noted in the standards, there are various reasons a RAB or AE may recommend a firm request a year-end change. Some of the reasons stem from the timing of corrective action a firm is required to complete as a result of receiving a non-pass rating. Additionally, there may be firms that are either dropped or terminated from the program who look to be reinstated a year or two later. It does not seem

appropriate that these firms could then have more than three years between two reviews. For this reason, we propose the standards also provide guidance for RABs and AEs to consider when it becomes necessary to direct a firm “back on cycle,” which would ensure a firm is averaging a peer review every three years as required. There are also outside agencies to consider (i.e., GAO and state boards of accountancy) and their expectations and requirements for a peer review every three years.

- Pg. 244 – In the sample letter “ON AN OUTSIDE PARTY’S REVIEW OF A SUBSEQUENT ENGAGEMENT—CORRECTIVE ACTIONS,” consider the following suggested revision for point (b): “Reviewed the report, financial statements, and working papers for a June 30, 20XX, not-for-profit audit engagement...”. The inclusion of the year-end of the engagement reviewed, as part of corrective action, assists with the determination of additional corrective action (pre or post review) and, if it is a very old review, whether a particular reviewer is independent or not when the firm is scheduling their next review.

PR-C Section 430

- Pg. 247 (430.05) – We recommend including a point to indicate that feedback should not be issued for matters handled through other processes (i.e., submission of late workpapers). This should be communicated to reviewers through the issuance of an overdue work paper or TR response letter.
- We propose the standards include guidance for RABs and AEs on how to evaluate and approve outside parties to perform corrective actions for a peer reviewer (i.e., pre-issuance review of peer review documents) similar to the guidance in PR-C Section 420 (.06) on approving outside parties to perform corrective actions or implementation plans.
- We propose the standards include a sample report of what an outside party should issue to the Peer Review Committee based on their performance of a corrective action for a peer reviewer (i.e., a pre-issuance review of peer review documents).



Society of Louisiana
Certified Public Accountants



December 15, 2021

Brad Coffey
PR_expdraft@aicpa.org

Dear Mr. Coffey:

This represents our response to the proposed changes to AICPA Standards for Performing and Reporting on Peer Reviews Exposure Draft – Clarification of AICPA Standards for Performing and Reporting on Peer Reviews.

1. ***Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office***
We do not agree with this change. Risk assessment could reduce the on-site procedures to a level below the current requirement, but not to the extent that all procedures are performed off-site.
2. ***Change to the Requirements for Onsite Office Visits in System Reviews***
We do not agree with this change.
3. ***Removal of the Requirement for Surprise Engagements in System Reviews***
We do not agree with this change.
4. ***Removal of the Term "Significant Deficiency" in Engagement Reviews***
We agree with this change.
5. ***Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings***
We do not agree with this change. Technical reviewers are not required to have the same level of experience and knowledge in single audits, and this is a high-risk industry. The RAB could benefit from the information disclosed in the checklists.

6. Are the requirements in the proposed peer review standards clear and understandable?

Each PR-C Section should have a detailed table of contents.

- PR-C 200.05 Reviewer Qualifications *Standards* (.31) and Interpretations present “current”, “currently” and “recent” in a confusing manner. The Clarity exposure draft is more confusing and presents a change to existing requirements.

PR-C Sections 200.05 c and 200.05 f use the word, “current” but it is unclear if each section applies an identical meaning. Sec 200.05f, has removed .31 d’s, “recent experience” from the qualifications. This would be different from the application of .31d’s experience required relative to the services and industries to be reviewed. Further, inconsistencies were noted in “current” and “recent” experience in PR-C Sections 200.05 f, 200.14 and ref .A22, 400.24 and ref .A26, and 200.A22.

- PR-C 400.A.20: 400 A.20 states, “...the AE may consult with AICPA staff and establish safeguards...” “May” is confusing. Unsure if it intended that “may” applies to **both**: consulting with AICPA staff and also to establishing safeguards. Or is it intended that the AE may establish safeguards without consultation with AICPA staff?

7. Is the application and other explanatory material helpful to support the application of the requirements?

The navigation could be improved.

It would be beneficial if all Exhibits and Appendixes contained a reference back to a relative PR-C Section(s).

Need to eliminate instances of unnecessary bouncing. Some examples:

- PR-C 400.24c with it’s reference to .A26. Then, .A26 bounces one to Sec 200.A22. Also the intended matter is not in 200.- A22, instead it is found at .A21.
- PR-C 400 .40 (pg 190) references .A36. Then .A36 sends one to Appendix C.
- 400.37 contains (See Appendix A.). The direct reference is beneficial.

8. Are the definitions easy to understand and apply?

Yes

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Also: Do you think an engagement letter should be required for all peer reviews?

No comment.

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain–qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .16–.18 of PR-C section 400)?

No

11. Please provide your views on the proposed effective date (5/1/22).

The effective date should be delayed until sometime after the 2022 Peer Review Conference.

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

Produce sessions with case examples requiring the use of the Clarity Standards to achieve the question’s result.

Supplemental Comments:

- PR-C 400.52 requires technical reviewers to approve extension requests for CA/IMPs or send for RAB's evaluation. AE staff should also be allowed to approve those extensions, subject to the committee's policy.
- Exposure Draft's 400.A27 b states that a RAB member from another AE is not eligible to vote on acceptance of a review. This restriction is not in the RAB Handbook. There should not be a second class of participation. There is concern about the potential effect upon on a RAB's quorum count.
- Risk Assessment re: Selection of Offices – change to list of factors to consider PR-C 210.A14 in the E.D. removed .56 g's risk factor to be considered in selection of offices: "Significant clients' fees to practice office(s) and partner(s)". Was consideration of fees intended to be removed or does 210.A14 a's inclusion of "size" include relative fees?

We appreciate the opportunity to provide comments. Thank you for your consideration.

Sincerely,
SOCIETY OF LOUISIANA CPAs



Stacey Lockwood, CAE
Director of Ethics and Practice Quality



Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Respondent Comment Letter Template

The purpose of this template is to help respondents draft responses to the exposure draft *Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews*.

Guide for Respondents

The AICPA Peer Review Board (PRB) welcomes feedback from all interested parties on this proposal. Comments are most helpful when they refer to specific paragraphs, include the reasons for the comments, and, when appropriate, make specific suggestions for any proposed changes to wording. If you agree with proposals in the exposure draft, it will be helpful for the PRB to be made aware of this view, as well.

Written comments on the exposure draft will become part of the public record of the AICPA and will be made available on the AICPA's website. Please provide responses that are

- submitted as Microsoft Word documents by December 15, 2021, and
- sent directed to Brad Coffey at PR_expdraft@aicpa.org.

This form is just for your convenience; it is not necessary to use this form or format in submitting your response. You are welcome to answer any or all questions. Again, comments are due by December 15, 2021.

Removal of the Requirement for the Majority of Procedures in a System Review to Be Performed at the Reviewed Firm's Office

1. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning, including your views about the advantages and disadvantages of performing some or all system review procedures remotely.

This will likely result in a lower cost for the firms, as travel time and costs are reduced/eliminated. Additionally, for firms with multiple must-select industries, it is often difficult to find a local reviewer, so remote reviews eliminate the geographical barrier. With the majority of firms using a paperless environment, reviewing workpapers remotely is just as effective as reviewing onsite.

Change to the Requirements for Onsite Office Visits in System Reviews

2. Please provide your views on the changes described.
Do you agree with the proposed change?

Yes
No

Please explain your reasoning, including your views about the advantages and disadvantages of visiting one or more offices of the reviewed firm.

This will likely result in a lower cost for the firms, as travel time and costs for multi-office firms are reduced/eliminated. With the majority of firms using a paperless environment, reviewing workpapers remotely is just as effective as reviewing onsite. Site visits based on risk assessment should be just as effective.

Removal of the Requirement for Surprise Engagements in System Reviews

3. Please provide your views on the changes described.
Do you agree with the proposed change?

Yes
No

Please explain your reasoning, including your views on specific peer review risks that may warrant selecting a surprise engagement.

With the majority of firms using a paperless software, selected engagements are generally provided within a matter of days, not weeks as traditionally allowed. Additionally, these software programs allow the reviewer to see time stamps of when files have been signed off, or modified. Accordingly, the reviewer would be able to identify the firm's controls over locking down the files and if a file was modified after being selected for review.

Removal of the Term “Significant Deficiency” in Engagement Reviews

4. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

Degree of deficiency is not relevant in an engagement review, as the rating is based on whether some or all of the engagements are nonconforming.

Removal of the Requirement That Peer Review Documents for Single Audit Engagements Be Included in Materials for RAB Meetings

5. Please provide your views on the changes described.

Do you agree with the proposed change?

Yes

No

Please explain your reasoning.

We believe it is important to submit the Engagement Profile for Single Audits to the RAB for their consideration. This is extremely complex material and a RAB should be taking responsibility by reviewing the Profile Sheet. We agree it is unnecessary to submit the Part A checklist.

Issues for Consideration, Written Comments, or Suggestions

6. Are the requirements in the proposed peer review standards clear and understandable?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

When disagreements are appealed in writing to the board, a specific timeframe for resolving such disagreements should be established and included within the peer review standards. For example, within 90 days of receipt of an appeal is a reasonable timeframe for resolving and will better serve the firm so they can use that decision to modify their process and procedures, when deemed necessary. Not providing for a specific timeframe to resolve appeals does not serve the firm nor the peer reviewer in closing the matter timely before the firm's subsequent peer review.

7. Is the application and other explanatory material helpful to support the application of the requirements?

Yes No

Please explain your reasoning and indicate any specific proposed revisions.

8. Are the definitions easy to understand and apply?

Yes

No

Please explain your reasoning, your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100), and indicate any specific proposed revisions.

Commencement date: earlier of when the reviewer begins the review of engagements, or when the reviewer learns information that affects the results of the current review. Unclear what the latter means – could this be during planning when we learn a partner does not have required YB CPE and therefore you are commencing prior to even selecting engagements?

9. Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews?

Yes

No

Do you think an engagement letter should be required for all peer reviews?

Yes

No

Please explain your reasoning and indicate any specific proposed revisions.

Commencement date: earlier of when the reviewer begins the review of engagements, or when the reviewer learns information that affects the results of the current review. Unclear what the latter means – could this be during planning when we learn a partner does not have required YB CPE and therefore you are commencing prior to even selecting engagements?

10. Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain–qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .16–.18 of PR-C section 400)?

Yes
No

Please explain your reasoning and indicate any specific proposed revisions.

11. Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response.
Do you agree with the proposed effective date?

Yes
No

If no, please provide reasons for your response.

We agree with the proposed effective date, assuming adequate communications and training are provided in advance of the effective date.

What are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

Peer review alerts, special communications on just this matter (not included with other matters so that it could get missed). Special general session on the changes at the peer review conference.



Peer Review
Program



National Association of State Boards of Accountancy

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December 21, 2021

AICPA Peer Review Board
American Institute of Certified Public Accountants
220 Leigh Farm Road
Durham, NC 27707-8110

Attn: Brad Coffey, Manager – AICPA Peer Review Program

Via e-mail: PR_expdraft@aicpa.org

Re: Exposure Draft: Proposed Changes to AICPA Standards for Performing and Reporting on Peer Reviews – Clarification of AICPA Standards for Performing and Reporting on Peer Reviews

Dear Members and Staff of the AICPA Peer Review Board:

The National Association of State Boards of Accountancy (NASBA) appreciates the opportunity to comment on the Proposed Changes to the AICPA Standards for Performing and Reporting on Peer Reviews (the Exposure Draft). NASBA's mission is to enhance the effectiveness and advance the common interests of State Boards of Accountancy (State Boards) that regulate all Certified Public Accountants (CPAs) and their firms in the United States and its territories, which includes all audit, attest and other services provided by CPAs. State Boards are charged by law with protecting the public.

In furtherance of that objective, NASBA offers the following comments on the Exposure Draft.

Request for Comment 1 – Removal of the Requirement for the Majority of Procedures in a System Review to be Performed at the Reviewed Firm's Office:

Please provide your views on the changes described. In addition, please provide your views about the advantages and disadvantages of performing some or all system review procedures remotely.

Different risk factors could drive whether or not the review should take place at the reviewed firm's office. It would be beneficial to enumerate risk factors to be considered as they have been elsewhere in the proposed standards. We believe that it is the peer reviewer's responsibility to

evaluate the risk factors and determine the most appropriate manner in which to conduct the review whether on-site, remote or a combination of both.

A noted disadvantage to conducting the review remotely is the impact on the effectiveness of the review. Just as in financial statement audits, when on-site, the interaction between the reviewer and the reviewed will be more effective, which often results in more timely completion. To have peer reviews completed with the results reported timely is in the public interest.

Request for Comment 2 – Change to the Requirements for Onsite Office Visits in System Reviews:

Please provide your views on the changes described. In addition, please provide your views on the advantages and disadvantages of visiting one or more offices of the reviewed firm.

As previously mentioned, we believe that it is the peer reviewer's responsibility to evaluate the risk factors and determine the most appropriate manner in which to conduct the review. The enumerated risk factors identified in .A13 and .A14 are helpful to the evaluation process; however, we believe that the risk factors to influence a reviewer's decision to visit or select engagements from a particular office in .A14 should focus primarily on the type of work being performed instead of the composition or demographics of the office locations.

Request for Comment 3 – Removal of the Requirement for Surprise Engagements in System Reviews:

Please provide your views on the changes described. In addition, please provide your views on specific peer review risks that may warrant selecting a surprise engagement.

We believe that professional judgement should be left to the peer reviewer as to whether a surprise engagement would be meaningful to the system review. We support the removal of the requirement for surprise engagements in system reviews only if appropriate risk factors have been developed and communicated, including risk factors regarding the consideration of lockdown features and electronic workpapers.

The guidance appears to place a high degree of reliance on the lockdown features of audit workpaper software. We note that, unlike other topic areas, there are no risk factors included for audit workpaper software. We recommend that such risk factors be included.

We offer two points of caution in this area and recommend that additional guidance for reviewers be considered. First, there still remain audit engagements that utilize manual workpapers. The workpapers for such engagements would clearly not be able to be locked down in the same manner as electronic workpapers. Guidance should be provided for storage and lockdown considerations for manual workpaper engagements. Second, there should be significant professional skepticism employed even when the lockdown features of electronic workpapers are represented as being

employed. Reviewers should satisfy themselves that such lockdown features exist and have been appropriately implemented.

Request for Comment 4 – Removal of the Term “Significant Deficiency” in Engagement Reviews:

Please provide your views on the changes described.

We support the removal of the term “significant deficiency” as it relates to engagement reviews.

Request for Comment 5 – Removal of the Requirement that Peer Review Documents for Single Audit Engagements be included in Materials for RAB Meetings:

Please provide your views on the changes described.

We believe that this is an appropriate change, although in adopting this policy, RABs should satisfy themselves as to technical competence of the designated technical reviewer in the area of Single Audits.

Request for Comment 6:

Are the requirements in the proposed peer review standards clear and understandable?

We believe the requirements in the proposed peer review standards are clear and understandable and will enhance the utility of the guidance for all participants in the peer review process. We do suggest that as future implementation guidance is developed, consideration be given to the use of electronic decision support technology to better enable users to locate guidance that they seek.

Request for Comment 7:

Is the application and other explanatory material helpful to support the application of the requirements?

We believe the application and other explanatory material is helpful to support the application of the requirements.

Request for Comment 8:

Are the definitions easy to understand and apply? In addition, please provide your views about whether the master glossary is helpful to all users of the standards (refer to PR-C section 100).

We believe the definitions are easy to understand and apply. We believe the master glossary is helpful to all users of the standards.

Request for Comment 9:

Do the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews? Do you think an engagement letter should be required for all peer reviews?

We believe the requirements for commencing peer reviews appropriately reflect considerations for both system and engagement reviews.

We believe that an engagement letter should be required for all peer reviews. It would be helpful to provide example templates within the standards for guidance.

Request for Comment 10:

Is the application and other explanatory material appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating (refer to paragraphs .17-.19 of PR-C section 400)?

We believe that the application and other explanatory material is appropriate and understandable regarding committee members who are not team captain-qualified but practicing with a firm that has received a non-pass peer review report rating.

Request for Comment – Effective Date

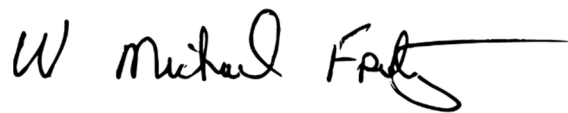
Please provide your views on the proposed effective date. If you are not in support of the proposed date, please provide reasons for your response. In addition, what are your views on the types of training and resources that would be helpful for stakeholders to begin using the proposed standards?

We have no basis to comment on the amount of time peer reviewers would need to prepare; however, we recommend the Board allow ample time for reviewers to be able to implement the proposed standards correctly. Training and resources will be critical to effective implementation.

* * *

We appreciate the opportunity to comment on the Exposure Draft.

Very truly yours,

Handwritten signature of W. Michael Fritz in black ink.

W. Michael Fritz
NASBA Chair

Handwritten signature of Ken L. Bishop in black ink.

Ken L. Bishop
NASBA President and CEO

Standing Task Force Updates

Why is this on the Agenda?

Each of the standing task forces of the PRB will provide this information to the Board at each open session meeting to gather feedback on the nature and timing of agenda items that will be considered in the future. The items included in this report represent an evergreen list that will be continually updated to be responsive to feedback received.

Standards Task Force

Accomplished since last PRB meeting:

- Reviewed responses to the exposure draft of the Clarified Standards for Performing and Reporting on Peer Reviews and developed final proposal (as shown in agenda item 1.2 and its related attachments).

Upcoming tasks:

- Finalizing any necessary edits to the clarified peer review guidance.
- Discussion of the implications of new A&A standards on peer review, including the QM standards and the new risk assessment standard.
- Continued assessment of potential guidance implications related to continued PRIMA enhancements

Oversight Task Force

Accomplished since last PRB meeting:

- Approved Report Acceptance Body (RAB) observation reports
- OTF members conducted administering entity (AE) oversights
- Approved AE oversight reports and AE responses
- Reviewed AE benchmark summary forms and feedback received
- Conditionally approved AEs to administer the peer review program until April 1 when AEs report on compliance with 2021 oversight requirements
- Monitored results of enhanced oversights
- Reviewed a sample of enhanced oversight reports for consistency
- Monitored reviewer performance
- Participated in a joint meeting with NASBA's Peer Review Compliance Committee (PRCC)

Upcoming tasks:

- Approve AE oversight reports and AE responses
- Approve RAB observation reports
- Approve, conditionally approve, or defer AE plans of administration for 2022
- Review AE benchmark summary forms and feedback received
- Monitor results of enhanced oversights
- Review a sample of enhanced oversight reports for consistency
- Discuss the type of feedback issued by AEs as a result of enhanced oversights
- Monitor reviewer performance

-
- Re-evaluate reviewer resume verification process
 - Review and approve AICPA Annual Report on Oversight

Education and Communication Task Force

Accomplished since last PRB meeting:

- Published the October Reviewer Alert on October 19, 2021
- Distributed the Fall publication of *PR Prompts* on November 18, 2021; also made these newsletters available on the Peer Review webpage
- Held a Peer Review Forum for the Peer Review community on December 13, 2021; approximately 80 attendees participated
- Published an FAQ of unanswered or particularly topical questions submitted during the 2021 Peer Review Conference sessions
- Published conference cases from the 2021 Peer Review Conference
- Converted two 2021 Peer Review Conference sessions into on-demand, self-study courses (RAB Update, Peer Review Update); three additional sessions are to be converted by the end of January 2022 (EBP Must-Select Update, Governmental Must-Select Update, Technical Reviewer Update).
- Began planning for the 2022 Peer Review Conference, to be held August 8-10 in St. Louis, MO
- Scheduled the AICPA's 2022 virtual offerings of PTRC for the following dates; registration links to be published soon:
 - May 16, May 18, and May 20
 - August 1, August 3, and August 5
 - October 31, November 2, and November 4
- Updated the Peer Review Program Questions and Answers document, to be published soon on the Peer Review webpage

Upcoming tasks:

- Continue planning for the 2022 Peer Review Conference, including:
 - Finalizing the General Session agenda, including identifying potential speakers and session topics
 - Developing all session materials, including session presentations, conference cases, and other materials
- Develop materials for peer review sessions at other conferences, including:
 - ENGAGE (satisfies the Team/Review Captain ongoing training requirement)
 - EBP Conference (satisfies the EBP Must-Select training requirement)
- Develop and publish the February 2022 Reviewer Alert
- Develop and publish the Spring 2022 version of the *PR Prompts* newsletter
- Discuss potential reviewer alert articles and other related communications
- Assess and develop additional ways to engage with peer review stakeholders on a more periodic basis, including holding more peer reviewer forums.
 - ***Let us know if you have any topics you would like for us to cover at future peer reviewer forums!***
- Continue analysis of the reviewer pool and implement plans to improve the pool where necessary.
- Continue monitoring our available courses to determine if improvements should be made to our overall training framework.

Other Reports

Why is this on the Agenda?

The purpose of this agenda item is to provide PRB members and other attendees an update on various PRB related activities and initiatives.

Operations Director's Report

Ms. Thoresen will provide the Operations Director's report verbally during the meeting on February 2.

Report from State CPA Society CEOs

Ms. Stewart will provide the state society CEO report verbally during the meeting on February 2.

Update on the National Peer Review Committee

The NPRC met last on December 9. Four large firm reviews and one QCM review were presented and accepted.

Since the October PRB meeting, the NPRC has held seven RAB meetings. During those meetings:

- 62 reviews have been presented, including:
 - 54 Pass
 - 5 Pass with Deficiencies and
 - 3 Fail

The NPRC's next meeting will be held on February 10, 2022.

**Firms Dropped from the AICPA Peer Review Program for Noncooperation
between September 1, 2021 and December 31, 2021**

As previously reported, the AICPA Peer Review Program (Program) made several temporary changes in March 2020 to respond to the coronavirus impact on firms due to the probability of firms not receiving fair procedure notifications. These changes provided firms with additional time to complete required actions. Since that time, the Program has resumed normal timing on warnings and proceedings have resumed, with compassion.

Enrollment in the Program for the following firms was dropped for noncooperation. Those reenrolled as of January 1, 2022 are denoted by an '*' following the firm name.

Firm Number	Firm Name	State
900004421107	Christopher J. Michaelson, CPA, PC *	AK
900010150354	Robinson & Ward, P.C. *	AK
900010142795	Angie Vickery, CPA, P.C *	AL
900004825232	Covenant Consulting Group, LLC	AL
900004035124	Daniel Rosco McMullen, CPA *	AL
900004749955	David E. Robinson LLC	AL
900255349837	J C Dickerson, CPA, PC	AL
900011991257	Paul Landry, CPA, P.C.	AL
900010023920	Gaunt & Company, Ltd.	AR
900255323209	William C Miller LLC *	AR
900255351339	AIS Assurance, LLC	AZ
900010107907	C. Cristine Swan *	AZ
900004351879	Charles Booth, CPA, PFS	AZ
900255347185	Conover Asay CPAs, PLLC *	AZ
900255307323	David Oase CPA PC	AZ
900010111123	Johnson & Bull, CPA's, PLLC	AZ
900255226612	M.C. Patten CPA, PC	AZ
900010113777	Mark D. Woodard, CPA	AZ
900010137199	Mike Civalier P. C.	AZ
900010146777	Priscilla A. Chesler, CPA, PC *	AZ
900255351183	Robert V Ramirez CPA, PLLC	AZ
900010084090	Roger T. Bollard, PLLC	AZ
900255284979	Roy L. Alexander CPA, P.C.	AZ
900010154460	Sprowls & Company P.C.	AZ
900010135960	aBIZinaBOX Inc.	CA
900011958556	Aharon Doodkevitch, CPA An Accountancy Corp.	CA
900010095473	Andrade & Company, A. C.	CA
900011533309	Angell & Blumenfeld, CPA, PC	CA
900010104422	Anthony Bonenfant & Co.	CA

Firm Number	Firm Name	State
900005599688	Anthony Salzman CPA	CA
900010080032	Arsenault & Arje	CA
900008967969	Bellotti & Murray CPAs	CA
900006445097	Benchworth *	CA
900006765288	Benjamin & Young LLP	CA
900010058247	Benson, Piombo & Company	CA
900005069763	Benton Roberson CPAs, LLP	CA
900011525469	Berina Pennington CPA	CA
900000061630	Bernotas Accountancy Corporation	CA
900011606689	Bicker & Company CPA's, Inc.	CA
900010140708	Breard and Associates LLP	CA
900010094096	Bregante + Company LLP *	CA
900010009127	Buckley Patchen	CA
900011448309	C & D CPAS, Inc.	CA
900011488829	C. Donald Cannon, CPA	CA
900001163057	Calvin Takuma & Company	CA
900001109044	Calvin Y Louie CPA	CA
900004162008	Carlos G. Punzalan, CPA An Accountancy Corporation	CA
900007035610	Carroll & Associates, LLP *	CA
900255348053	Cassandra K. Contreras, CPA	CA
900255347867	Chester L. Prohaska	CA
900011557675	Clifford C. Chard, CPA an Accountancy Corporation	CA
900010122584	Collins, Mason & Company, LLP	CA
900011588651	Cuc Tran *	CA
900011550909	D & D Income Tax Services, Inc. P.C. *	CA
900001051674	D. R. Gaebe CPA, Accountancy Corporation	CA
900004381964	David A. Steinberger	CA
900009964527	David H Chan, CPA	CA
900005288377	David M. Silva Accountancy Corporation	CA
900011554469	David Volkar Accountancy Corp. *	CA
900004361319	Deily & Company P.C, CPA's *	CA
900255186992	Delagnes, Mitchell & Linder, LLP	CA
900009172121	Dennis La Vorgna	CA
900010096039	Donald J. Turano	CA
900010120662	Donald R. Reynolds	CA
900010118052	Elizabeth Arfania Trenbeth Accountancy Corporation	CA
900001021917	Elizondo Accountancy Corp	CA
900011595009	Fact Professional Inc.	CA
900255271972	Felix Rogin, CPA	CA
900010127494	Fineman West & Co LLP	CA

Firm Number	Firm Name	State
900006312364	Francisco & Michel LLP	CA
900010048376	Frazin and Co, CPA *	CA
900255350574	Greengrowth CPAs *	CA
900011607329	Greg A. Price, Inc.	CA
900010082023	HAC CPAs, Inc. *	CA
900006331567	Halverson Accountancy Corporation, PC *	CA
900011498549	Hercher & Company, Inc.	CA
900010080101	Hsu, Yim, Leung & Koo LLP *	CA
900011549529	Ingraham & Associates, CPAs	CA
900255214809	Irvin & Shelley, CPAs	CA
900010091620	Jacobs & Jacobs	CA
900001141937	James E. Phillips	CA
900000018462	James K. Liou, CPA, APC	CA
900010111124	James Mansuetto CPA	CA
900010144288	James Marta & Company, LLP *	CA
900011532971	Jean and Choi Accountancy Corporation	CA
900010152944	Jennings, Steine & Co.	CA
900005600616	Jerome R. Kern, CPA	CA
900255193434	Jerrel G. John	CA
900005396885	John C. Hill Accountancy Corporation	CA
900010129945	John Y. Awad *	CA
900255329553	Jon G. Chapple, CPA	CA
900255348818	Joseph Chen & Zhu, LLP *	CA
900005608776	Joseph Yafeh, CPA Inc	CA
900255349117	Katherine B. Alves, CPA	CA
900255105172	Kevin Bee, CPA, A Professional Accountancy Corporation	CA
900010093444	Koiso & Company	CA
900010134610	Kornfeld and Levy	CA
900011479749	Lake and Associates, CPA	CA
900011728032	Lawrence R. Wiesner	CA
900001021927	Lee, Cochran & Daggett, CPAs, LLP	CA
900010041395	Leiba & Bowers	CA
900005869481	Leslie A. Doherty, CPA *	CA
900011468589	Lewellen Accountancy Corporation	CA
900002115825	LOPEZ & COMPANY	CA
900006381205	Macias Consulting Group, Inc.	CA
900007215901	Mai P. Itakura	CA
900010146141	Malcolm L. Morgan, CPA, CFE, Inc.	CA
900255187815	Mark Chen AC	CA
900001035748	Maxwell & Company CPA's, Inc.	CA

Firm Number	Firm Name	State
900010046561	McFarlane, Cazale & Associates	CA
900010102541	Mejia & Kaplan, LLP	CA
900010146692	Mendez Petty Moreno LLP	CA
900010024267	Meschures, Snyder, Pocras & Levin PC	CA
900001082797	Michael John Gartzke	CA
900011949635	Michael Shapiro CPA, Inc. *	CA
900010122899	Morikami Accountancy Corporation *	CA
900001043247	Nancy L. Y. Luke	CA
900010126613	Patel & Associates, LLP	CA
900004432192	Paul C. Chen Accountancy Corporation *	CA
900255169073	PHC Accountancy Group	CA
900005766954	PLS CPA A PROFESSIONAL CORPORATION	CA
900010102113	Poindexter and Company	CA
900010085121	Ratzlaff, Tamberi & Wong Accountancy Corp *	CA
900255347760	Ray O. Swanson and Company	CA
900011600071	Raymond Regalado CPA *	CA
900010121095	Richard W. Dallas, CPA	CA
900255349407	Rick Ardito, CPA	CA
900010148185	Robert J. Pacheco, CPA	CA
900001026803	Robert Larry Forsyth	CA
900011514032	Robert Lopez A.C. *	CA
900255348725	Robert T. Stires CPA	CA
900002255641	Roberts & Company, Inc., CPA	CA
900005734932	RSO Advisors, LLP	CA
900010138311	RUSSELL, MARTIN D CPA	CA
900010150868	Salem & Associates LLP	CA
900008919710	Schild & Co., Inc.	CA
900011580409	Scott Peck, CPA & Associates, APC	CA
900010065567	Simpson & Simpson *	CA
900010061215	Singer, Traynor & Scholefield, Certified Public Accountants	CA
900010141959	Stanislawski & Company, Inc. *	CA
900011510991	Stennes & Sabath, Inc., CPAs	CA
900005180599	Stephan, Schreiber & Tabachnick, CPA's Inc.	CA
900009480874	Stephen D. Sasaki, CPA	CA
900010133644	Steve O. Whetzel	CA
900255180543	Steven Alpinieri, APC, An Accountancy Corp.	CA
900010114016	Steven Arthur Salant	CA
900010134158	Tang & Lee, LLP *	CA
900010070465	Tapp and Tapp, An Accountancy Corp.	CA
900010126591	Thomas F. Seymour & Co.	CA

Firm Number	Firm Name	State
900005658431	Thompson Accounting	CA
900255347432	Tim Kehl, CPA	CA
900004329995	Total School Solutions	CA
900010134374	Trudy Balston, CPA	CA
900255189351	Voris & Kuhn, LLP	CA
900001304333	Wang Potomac & Company	CA
900010116720	Wardell & Rall, A.C.	CA
900005632394	Weber and Company, Inc *	CA
900010104132	Wiebe, Diaz, Parola & Co. *	CA
900001006899	William Green Accountancy Corp	CA
900255274073	William Shapiro, CPA	CA
900255332506	Winsome CPA, Inc.	CA
900255350365	WLCC Accountancy Corp	CA
900255180990	Youbert D. Tabar, CPA	CA
900255350253	Zafar Husain Siddiqui	CA
900010096251	Affleck & CO P.C. *	CO
900010095799	Gardenswartz & Prosser, P.C. *	CO
900255350985	INDIGOSPIRE CPA GROUP LLC	CO
900006295675	James S. Lovejoy, C.P.A., P.C.	CO
900010081482	JDS Professional Group, CPA's, Consultants & Advisors	CO
900003891325	John Cutler & Associates, LLC *	CO
900255349199	John J. Lehotan *	CO
900010147113	Kozleski CPA, P.C.	CO
900001088252	N. F. Foss, CPA, PC	CO
900005587840	Petty & Associates, P.C.	CO
900010115378	Sather PC *	CO
900006438710	Terrance L Bartell, P.C.	CO
900004159645	Thomas N. Stoeber, CPA	CO
900010107733	Chicoski, Skelly & Co.	CT
900011650149	John T. Delaney, CPA	CT
900001052603	Roy A. Abramowitz, CPA *	CT
900005330759	Sager & Bocek CPAs, LLC	CT
900010104831	Fuentes-Fernandez & Company *	DC
900010134411	Anthony W. Dorsey, CPA, P.A.	FL
900004755371	Barclais CPA, LLC *	FL
900005910821	Cesar A. Cifuentes, CPA, PA	FL
900255350460	CFO Benefits Inc	FL
900001108546	David M. Scheinman CPA, P. A.	FL
900005665711	Davis Group, P.A.	FL
900006116339	DavisWren CPA & Associates, Inc.	FL

Firm Number	Firm Name	State
900255350569	Edgar M Gomez CPA LLC	FL
900010094220	Ferlita, Walsh, Gonzalez & Rodriguez, P. A. *	FL
900010093813	Flanagan & Jason, Inc.	FL
900001016536	Greenwald, Glauser & Ross, PA	FL
900255108979	Javid CPA, LLC *	FL
900010021194	Jimmy C. Fischer & Co., P.A.	FL
900010143672	John O. Wunder CPA, PA d/b/a Jay Wunder, CPA	FL
900010104081	Larry J. Herring CPA, P. A. *	FL
900010140255	R Figueroa, P.A. *	FL
900255349620	RJ CPA, LLC	FL
900005626078	RLMOLINA, LLC	FL
900010120359	Sandler Holstein Consulting, LLC	FL
900010146440	Shepard Accounting & Tax Service	FL
900000859905	Thorsen and Cruet P.A. *	FL
900010005807	Weiss & Company, CPAs, P.A.	FL
900010054525	Chambliss, Sheppard, Roland & Associates, LLP *	GA
900010142114	Dame, Walker, Hughes & Company, LLC	GA
900081620989	David E. Donaldson, CPA, PC	GA
900010121113	Donald R. Maples	GA
900255186325	Donna Langford, CPA, PC	GA
900010091611	Jones, Jones, Davis & Associates, CPA, P. C. *	GA
900001009854	Kennith D. McLeod *	GA
900007222473	Murphy & Associates CPA's LLC d/b/a Simmons & Jamieson CPA's LLC *	GA
900010155987	Norman H. Smith CPA, P.C.	GA
900010092069	Philip G. Farr CPA, P. C. *	GA
900255215122	Renee Day, CPA, LLC	GA
900255248559	Stewart & Associates	GA
900010127367	Swinson and Haynes, P. C.	GA
900010149413	William M. Kellert CPA, P.C.	GA
900010135483	Burger & Comer, P. C. *	GU
900010099586	Richard E. Pinkerton P. C.	HI
900255322689	T-SOA Certified Public Accounting Services *	HI
900010144295	Erichsen Kallsen & Associates, CPA's, LLP *	IA
900003734723	Feldmann and Company, CPAs, PC	IA
900004111134	Joe Desmond CPA PLC	IA
900001111110	Kimberly K. Sauser	IA
900010003368	Engleson, Capell & Engleson	ID
900006673816	Jamie Duman PC *	ID
900010109602	Thomas & Johnston, Chtd.	ID

Firm Number	Firm Name	State
900004452649	ADDUCCI ACCOUNTING TAX & FINANCIAL SERVICES LTD	IL
900007057042	Alex Nejad, CPA L.L.C. dba ASN Group, Certified Public Accountants	IL
900005928622	Amsterdam US CPA Solutions	IL
900255348017	Beyrak LLC	IL
900255350358	Drade Consulting LLC	IL
900010017870	Dreyer Ooms & Van Drunen LTD	IL
900010080861	Duffner & Company, P. C., *	IL
900010105792	Francine I. Skala & Associates, P.C. dba Skala & Associates	IL
900005897710	Francis And Crnich, P.C.	IL
900255351569	Gobel & Associates Inc.	IL
900255349812	Jeffrey T. Gross Ltd.	IL
900000004853	Kent G. Klauer CPA, PC	IL
900010143880	Leslie A. Cesario, Ltd.	IL
900010080806	McDonald Doherty & Company, CPAs P.C. dba CPAMD	IL
900005347373	Percy Weathington	IL
900010099913	Sceggel Accounting Services, Inc. dba Caldwell, Coren & Sceggel, Inc.	IL
900255348316	Shanelle R. Herman	IL
900255349831	SK Tax Associates LLC	IL
900010147925	Thomas A. Bauer & Associates, P.C., CPA's *	IL
900255190552	Violet Financial Solutions Inc.	IL
900010074236	Washington, Pittman & McKeever, LLC	IL
900004681308	Webley's Accounting Services P.C. *	IL
900010104837	William Morales & Associates, P.C.	IL
900001042426	William P. Byrnes Ltd.	IL
900011765633	Alvey & Company, Ltd	IN
900255272744	Byron Bruce Byers, CPA	IN
900001195055	Clarence W. Utley P.C. *	IN
900010147502	David B. Neitzel, CPA, LLC	IN
900004941076	Edward Opperman	IN
900010116921	Fall Creek Associates, LLC	IN
900255271758	Glen and Kuehn Accounting, PC	IN
900010122075	Jerry Fuhrmann, CPA, LLC	IN
900010122131	John T. Macy, C.P.A., P.C.	IN
900010122927	Price & Co., CPAs, P.C.	IN
900010143267	Roger Sipe CPA Firm, LLC	IN
900006283061	Switzer Group LLC	IN
900011751872	T A Smelser & Associates	IN

Firm Number	Firm Name	State
900010081321	Embry & Watts, PLLC *	KY
900010110967	Kelly King & Co	KY
900005432185	LMH Accounting & Consulting *	KY
900255350303	Oberlander Financial Services PLLC *	KY
900001109201	Orie Cliff Hyde, CPA	KY
900000060607	Robert August Berling Jr., CPA *	KY
900000687440	Romaine & Towery Certified Public Accountants *	KY
900004187625	Simon CPA & Company PSC *	KY
900010126535	Steve E. Davis *	KY
900011695976	Courcelle Consulting, LLC	LA
900008843689	Deblieux & Company, CPAs (APC)	LA
900255180737	DeMonte and Falgoust, LLC *	LA
900010152332	Garrety & Associates, CPAs L.L.C. *	LA
900010129393	William Daniel McCaskill CPA, A. P. A. C.	LA
900003872179	Andrew M. Zuroff CPA	MA
900004163840	Armand & Company, P.C *	MA
900010149836	B. Clark Taylor CPA PC	MA
900010122866	Brian S. Beck	MA
900010145472	Bruce W. Dillaire, CPA, P.C.	MA
900004707238	C A Brandt & Associates, LLC *	MA
900010103199	Chamberlain & Associates, LLC *	MA
900255270510	Charles P. Woodward, III, CPA	MA
900005756948	David J. Singleton, CPA *	MA
900255347396	Elaine Renzi, CPA, LLC	MA
900010118756	G. P. Messer P.C.	MA
900010091325	Gerald T. Keohane, CPA, LLC	MA
900010081608	Grandmaison & Tripoli *	MA
900010128319	James J. Galvin	MA
900255182081	Joseph Mavilio CPA, P.C.	MA
900010141533	Joseph Richmond	MA
900000570181	Lloyd B. McManus CPA, P. C.	MA
900010105216	McDonough & Priscella	MA
900255349024	Michael J Hadzipanajotis CPA	MA
900010153123	Naffah & Company, P.C. *	MA
900010138403	Prague & Company, P.C. *	MA
900000006840	Robert H. Pellegrini	MA
900011716953	Robert L. Ryan, CPA	MA
900010100888	Robert W. Luscinski	MA
900010137993	Ryter & Company, PC	MA
900001113961	Sheridan CPA	MA

Firm Number	Firm Name	State
900010106706	Solar & Kilcoyne PC	MA
900010141078	Stephen A. Umana	MA
900001166175	Thomas M. Walker CPA, P. C.	MA
900010147091	Timothy M. Craven	MA
900010136454	Zophin & Karp, LLP	MA
900003767258	Berkman-Zagranichny & Associates	MD
900255273653	Britti & Associates, P.A.	MD
900004315544	David-James LLC *	MD
900001090254	Douglas B Stuart	MD
900010083581	Fernandes DeGennaro & Associates Chtd *	MD
900255350642	Global Financial Services & Associates	MD
900255004934	Hawkins CPA Solutions, LLC	MD
900010126276	Hetrick & Associates, P. C.	MD
900010082815	Hohing & Lewis, LLC *	MD
900010128408	Law & Accounting Offices of Jonathan D. Robbins	MD
900010097221	Liptz, Roberts, Marquez, Merkle, Singh & Zipor, Chartered, CPAs	MD
900255348992	Okeh & Associates PC	MD
900001139285	Radcliffe Corporate Services, Inc.	MD
900005359004	Randy Stewart CPA, LLC	MD
900010105041	Rathell and Bardwell *	MD
900010103874	Solomon and Nislow, PA *	MD
900004120758	V. Paul & Associates, Inc.	MD
900001135750	Bagley & Bragdon, PA	ME
900001109775	Bouchard & Associates P.A.	ME
900255347627	Jonathan Cushman CPA, LLC	ME
900255106738	David Strait, CPA PLLC *	MI
900010105736	DeLong & Brower, P. C. *	MI
900010100422	Gelbaugh & Gelbaugh	MI
900006879471	Gerald Duthie & Co. P C *	MI
900006159773	Integrated CPA Group, PC	MI
900255191285	Jeffrey M. Moorfoot, CPA, PC	MI
900010093193	Kotowski & Yax, P. C. *	MI
900010047470	Mellen, Smith & Pivoz PLC *	MI
900010115853	Michael R. Laydon P. C. *	MI
900006466329	Paul Samways CPA P.C.	MI
900000589030	R. J. Miller P. C.	MI
900010154877	Sloniker and Woodgate, PC	MI
900010081756	Bekkerus, Schott, Helmeke, DeConcini, Johnson, Ltd.	MN
900010097060	Boyer & Company, P. A. *	MN
900004194760	Michael Wilson *	MN

Firm Number	Firm Name	State
900004133157	Keller & Company PC	MO
900010129115	McCraw & Company CPAs, P.C.	MO
900006458715	Scott Roberts CPA PC *	MO
900005929760	Mitch Boleware	MS
900001019448	James L. Smereck	MT
900005285933	Jan K Parks & Associates PC	MT
900010129439	Alvin B. Brandon	NC
900010115670	B. Cleveland Branch Jr., CPA	NC
900010137795	David C. Miller	NC
900010102671	Donald W. Wilson CPA, P. A.	NC
900000245080	Farmer & Farmer, P.A.	NC
900001137898	Goodman & Boston CPAs PA	NC
900010085467	J. Lee Martin II, CPA, P.A.	NC
900010093741	Jack A. Watson	NC
900001080300	James R. Deaton	NC
900010151627	James W. Robertson	NC
900255350261	Jeffrey G. Lewis	NC
900010150562	John S. Fitzgerald	NC
900004502155	Julie J. Stewart, CPA	NC
900081652417	Kendra Gangal, CPA PLLC	NC
900255350956	Kim C Creasey, CPA	NC
900004588458	Long CPA, PLLC	NC
900011599609	Robert W. Verbanik CPA, P.C.	NC
900010126828	Tom McIndoo	NC
900008801291	Jan Crouch, CPA, P.C.	NE
900255285709	Lacey & Associates CPA's PC	NE
900010097444	Hession & Pare, P. C.	NH
900010154889	Olbricht Kiley Group, LLC *	NH
900010126557	William S. Barnes, CPA, P.A.	NH
900011984475	Alston & Company	NJ
900255273070	Anthony G. Fanty, CPA *	NJ
900004416094	Anzelone Associates, LLC	NJ
900255348435	B.E. Connolly, CPA, LLC	NJ
900010124790	Bavaro & Company, LLC	NJ
900010004365	Botwinick & Company LLC	NJ
900001021450	Budzyn & Associates CPA's	NJ
900005615053	Casazza and Ur Public Accountants LLC *	NJ
900010136103	Daniel Diller CPA, PC	NJ
900001102537	David H. Wilschanski *	NJ
900010122188	Eileen Red *	NJ

Firm Number	Firm Name	State
900007212874	Femi Amorin & Associates	NJ
900010001468	Gerson & Associates CPAs and Advisors, P.C. *	NJ
900010105014	Gillmore, Gillmore & Graham	NJ
900010081958	Graceffo, Hough & Weintraub, LLP *	NJ
900010145237	Howard Komendant CPA, PC	NJ
900010095132	Hyman & Associates	NJ
900010134873	J. M. Stapleton and Company *	NJ
900001110440	James M. Murray	NJ
900010084770	John M. Vlasac & Company	NJ
900000007491	Kohlhagen Neiman & Company, LLC *	NJ
900006208886	M. Hassanali, CPA LLC	NJ
900010147799	M. L. Perry *	NJ
900010094159	Mangum, Goodwin & Co., LLC *	NJ
900001135928	Martino & Fisher, LLC *	NJ
900010098576	MEO BRENNAN, LLC *	NJ
900255347451	Meshinsky & Associates LLC *	NJ
900004472379	MK Accounting Firm LLC	NJ
900007651396	P&K CPA LLC *	NJ
900001044400	Philip J. Ciriello *	NJ
900010111718	Pistilli & Company, CPAs LLC	NJ
900081113546	Ramon Laurel	NJ
900010125055	Richard J. Cummings *	NJ
900005498341	Robert C. Barnett, CPA, LLC	NJ
900010149623	Schulman Lobel LLP *	NJ
900005916175	Stanley J. Morin, CPA, PC *	NJ
900080151418	Stewart Cofsky	NJ
900010136196	Vitale & Company LLC *	NJ
900255192104	W. Lee Pelton	NJ
900010126477	Walter F. Trabold	NJ
900010080745	Wasilewski & Keating, P. C. *	NJ
900003880700	Accounting & Financial Solutions, LLC	NM
900005505309	Joseph A. Demkovich, CPA	NM
900255348064	Morton Accounting Services LLC *	NM
900001122055	Ralph V. Dockray	NM
900010154381	Anthony W. Wilder, CPA	NV
900255350173	Bruce E Frazey, CPA	NV
900005324653	Hall Family CPA PC *	NV
900255351007	Las Vegas CPA Professionals	NV
900010153691	Mark A. Robertson *	NV
900005162703	Silva, Sceirine & Associates, LLC	NV

Firm Number	Firm Name	State
900010150446	Zohar Ben-Rey CPA PC *	NV
900255350114	Alora Alexander, CPA, PLLC	NY
900010009778	Arthur H. Goldblatt CPA, P.C.	NY
900255350674	Audit Peak LLC *	NY
900255349410	Barry Knepper CFO *	NY
900255348449	Ben Ofori, CPA	NY
900010105450	Carl Cascio & Company, LLC	NY
900255348108	Christopher T. Griebel CPA PLLC	NY
900010149646	Cicero & LoVerde, P.C. *	NY
900005389676	Cremer & Associates, LLP	NY
900010145618	Daszkowski, Tompkins, Weg & Carbonella CPA PC *	NY
900000023894	David Joseph DelVecchio *	NY
900010147722	DeFreitas & Minsky, LLP	NY
900010112326	DePietto CPAs PC *	NY
900005857195	Desire & Company CPAs, LLC *	NY
900255348298	Donald R. Valane, CPA	NY
900005687734	Edward F. Saroney III, CPA	NY
900255351033	Find a CPA PLLC	NY
900010108935	Fuoco Group, LLP	NY
900010024296	Gettry Marcus CPA, P.C. *	NY
900004429349	Goldfine & Company CPA PC *	NY
900255350656	Gordon CPAs LLC	NY
900003589104	Hirsch Oelbaum Bram Hanover & Lisker CPA'S P.C. *	NY
900255350227	Isaac Ostreicher Certified Public Accountant PC *	NY
900005639330	Jackson Friday CPA, LLC *	NY
900005761835	Jason H Wang CPA, P.C.	NY
900255351277	John R. Armstrong, CPA P.C.	NY
900010147063	K. F. Pavesi, CPA P.C.	NY
900010052477	Kamil El-Deiry & Associates, CPA, PLLC	NY
900255350240	Katigbak CPA PLLC *	NY
900010150129	Keith Kramer *	NY
900010130876	Keith Lazarus CPA, PC *	NY
900005136563	Kerry Molloy CPA	NY
900010082788	KWM CPA's LLP *	NY
900255350324	M Kohn CPA P.C.	NY
900010046776	McGrath & Company, LLP	NY
900255347966	Michael Levin, CPA, PC	NY
900255350672	Monis J. Siddiqui, CPA P.C.	NY
900010050008	Moses and Schreiber, LLP *	NY
900010149094	Raymond G. Preusser CPA, PC	NY

Firm Number	Firm Name	State
900255348626	Ribak Blum LLP	NY
900004625903	Ross Wisdom CPA, PLLC *	NY
900004331040	Scarpati & Associates, LLP	NY
900010060266	Spector, Foo, Weissman, LLP *	NY
900010109029	Stuart N. Saltzman *	NY
900010070118	Swift and Swift	NY
900010092740	Tepedino & Company CPA's LLC	NY
900010152239	Theodore J. Eglit, Jr., CPA *	NY
900010141446	Tyrone Anthony Sellers	NY
900255349370	United Financials, CPA, PC *	NY
900010082058	Valles Vendiola LLP *	NY
900001135181	Weintraub & Associates, LLP	NY
900011417289	Yehuda Gutwein, CPA	NY
900255349784	Zelege Dasho, CPA, P.C.	NY
900004040585	David C. Murray & Co., Inc.	OH
900000899225	David C. Washburn	OH
900000202023	Diederich & Pinchot Inc *	OH
900255186584	Donald Sullivan, CPA	OH
900010027498	GBQ Partners LLC *	OH
900000329329	Guinigundo CPAs LLC *	OH
900004331515	Henderson & Henderson Inc	OH
900005410315	Huber Consulting Inc.	OH
900010121702	James L. Ruthsatz CPA, Inc *	OH
900008976150	Mosier & Associates CPA's Inc.	OH
900010069126	Newman & Company, CPAs *	OH
900004112125	Parr & Associates	OH
900255273820	Peggy E Roling, CPA	OH
900255274021	Perks Pusateri & Company, CPAs *	OH
900255187795	Seaburn & Associates Inc	OH
900010080061	Walter A. Glick Jr.	OH
900010140189	Causon & Westhoff A Professional Corporation	OK
900005215424	Marleita Marlett CPA *	OK
900007399832	Barnett & Company CPAs	OR
900003787591	Howell Straczek LLC *	OR
900010095549	Johnson, Glaze & Co., P. C. *	OR
900255347642	Traxton CPA, PC	OR
900010128433	Bluestein, Michael & Company PC *	PA
900010140637	Charles P. Elliott, P.C.	PA
900011353449	Cianci Tax & Accounting, Inc.	PA
900010100207	David V Giacomucci & Company, Inc.	PA

Firm Number	Firm Name	State
900010097070	DeMarco, Wachter & Co. *	PA
900010032298	Denk & Associates, PC *	PA
900010150270	Edward J. Moran	PA
900010083044	Gazonas & Henderson, LLC *	PA
900010150408	Hardy & Co. LLC *	PA
900010012896	J. L. Cohen & Associates, Ltd.	PA
900010102060	Kesich Consulting Group, LLP	PA
900004181236	Mercadante & Co., P.C.	PA
900010099319	Michael A. Barbetti, LLC	PA
900001147800	Mitchell & Mitchell CPAs, LLC *	PA
900006418286	O'Connor, Pagano and Associates, LLC *	PA
900010105545	Rosenberg, Smith, Cooney & Migliore, PC *	PA
900010110188	Satira Associates, P. C.	PA
900001014370	Scaletta CPA	PA
900255034967	Singer Accounting, PC	PA
900010135884	The LaMastra Group, P.C.	PA
900255349059	The M. Hanna Company, Certified Public Accountants	PA
900010093215	Voynow Bayard Whyte & Company, LLP	PA
900010153573	Agustin Rodriguez Nieves	PR
900004934105	AJ Hernandez & Co., PSC	PR
900255349169	Alma Jenisse Velez Erba, CPA	PR
900004454310	Anthony Lamboy & Co., CPA, PSC	PR
900010135841	Aquino, DeCordova, Alfaro & Co. LLP	PR
900001167882	CPA Diaz-Martinez PSC	PR
900010116885	Crowe PR PSC	PR
900004527687	Feliciano, Seda & Associates, CPA, PSC	PR
900008787348	J&J CPA, LLC *	PR
900010153661	LHD America, LLC	PR
900010118817	Lourdes M. Diaz & Asociados *	PR
900010146680	Mendoza & Ramos, CPA's, C.S.P. *	PR
900005352864	Mercado, Cardona, & Co. CPA-PSC	PR
900010091042	Rodriguez & Santiago, CPA's, PSC *	PR
900010154761	Sharon & Gonzalez, CPAs, LLC *	PR
900003620493	Velazquez & Co., CPAs, PSC	PR
900004548900	VTO CPA Group, PSC	PR
900001184903	Golden, Gormly & Company., Ltd. *	RI
900010114737	Steven C. Mercadante *	RI
900005157212	BD Financial Services, PC	SC
900255215144	C. Kevin Hood, Inc.	SC
900007129271	Chris O. Skinner, CPA, PC	SC

Firm Number	Firm Name	State
900010139453	Clark Eustace Wagner, PA	SC
900001010550	Donald J Holmes, CPA, LLC	SC
900080029887	Glenn J Matthews, CPA, LLC *	SC
900009188228	Jack H. Fink, C.P.A.	SC
900005464388	Knoble, Ingle, CPAs LLP *	SC
900010136724	Linda H. Richards CPA, PA	SC
900255350053	Palmetto Tax Advisor LLC	SC
900255349858	Peavy & Associates P.C.	SC
900255350919	Robert Majernik LLC	SC
900004849639	Robert P. McCullough *	SC
900010093217	Robert V. Ferrell CPA, P. A.	SC
900255349704	Slack & Company, LLC	SC
900010093617	Thompson & Davis, CPA's	SC
900010146083	Timothy C. Cornelison CPA, LLC	SC
900010153999	V.R. McConnell CPA & Business Consultant	SC
900080025517	William Levan Byrd, CPA, PC	SC
900255347014	Xu CPA, LLC *	SC
900255350565	Bryan Sambat, CPA LLC	TN
900255322593	Charles G Barry, CPA	TN
900010106287	Deborah A. Kolarich	TN
900010133167	G. David Edwards CPA, PA	TN
900001092974	Humphres & Associates	TN
900010155370	Integrity CPA Services	TN
900001074932	J. Richard Norris Jr.	TN
900255180731	Jamison Shireman, CPA *	TN
900007867820	Jim Lavender & Company CPA	TN
900011692452	Jim Stiles CPA PLLC	TN
900006083635	Larry Banks CPA, Inc *	TN
900255348383	Marcia D. Gilbert	TN
900255350494	Michael Gugerty Certified Public Accountant *	TN
900255351309	Providence Group, LLP	TN
900255351346	Solomon Accounting Group LLC	TN
900010139109	Twin Cities Accounting, P.C. *	TN
900255347693	Vinson Professional Services *	TN
900008511765	Birdsong Adams Knight Carroll, LLP	TX
900005231642	Blackwell, Presley & Gordon, CPAs PLLC	TX
900010136995	Boniface C. Azide	TX
900255284902	Bryce A. Stewart CPA, PLLC	TX
900255330903	Danny Pena III, PC	TX
900000129746	David L. Carrales, LLC dba David L Carrales CPA	TX

Firm Number	Firm Name	State
900010028852	Dayton W. Ward	TX
900010083730	Dennis R. Gann Inc., P. C.	TX
900009583196	EDDY HOLLOWAY CPA	TX
900008870193	Haynes & Assoc PC	TX
900001029718	Hilton Edward Pugh & Associates	TX
900000022985	J. W. Arrington Jr. P.C.	TX
900010014510	James R. Allen, CPA	TX
900010107373	John Cantwell & Co P C	TX
900255350737	Lindsey Nicholas CPA	TX
900081519935	Michael Arthur Petersen, CPA LLC *	TX
900005509243	Michael W. Martin	TX
900005448212	Newman, Grady & Associates CPAs PC	TX
900008982696	Omotayo CPA LLC	TX
900001107171	Pamela J. Pope CPA	TX
900001108075	Pamela R. Winkler P. C.	TX
900010103413	Podsednik & Company, P C	TX
900010080766	R. H. Tribolet, CPA, PLLC *	TX
900001179998	Reyna CPAs, PLLC *	TX
900010138836	Robert E. Matthys PC	TX
900005023868	S. Patricia White, CPA, P.C. *	TX
900010101142	Steirman, Whitfield and Co., P. C.	TX
900010154614	Swalm & Associates, P.C. *	TX
900001069096	Veronica Brown Davis, CPA *	TX
900004620798	W A Vandiver & Company	TX
900011313889	Accounting Plus - Utah	UT
900001178469	Brad Bradley & Associates PLLC	UT
900006341871	Davies Allen, PC	UT
900006082187	Jeff Hill CPA, LLC	UT
900001024698	Joseph B. Glass & Associates	UT
900010083799	WSRP, LLC *	UT
900255350821	AA Smith and Associates LLC	VA
900255350668	ACG Financial Group LLC	VA
900255272920	Arthur Lander, CPA, PC	VA
900003809123	E. E. Brown & Associates, PLLC	VA
900005381395	Financial Consulting Group, Inc.	VA
900004329052	Martha S. Cooper *	VA
900005176665	Robert P. Mitchell CPA PLLC *	VA
900255348032	S.D. Hogan & Company LLC	VA
900004810626	Sherman Financial Management, LLC	VA
900009172476	Accounting Strategies Group, LLC	VI

Firm Number	Firm Name	State
900255188605	BDO USVI, LLC	VI
900010092436	C & L Professional Services Group Inc PS dba Cox & Lucy CPAs *	WA
900005392774	Dixon & Company CPA *	WA
900010124916	Franklin Evenson & Associates CPAs P.S. *	WA
900255349166	Marescot Palomino & Associates PLLC *	WA
900255349488	Marks & Marks CPA's	WA
900255273756	Michael J Kander	WA
900005069674	Moorer & Co PLLC	WA
900010081590	Smith, Bunday Berman, Britton, P.S. *	WA
900005140776	Tri-Cities CPA PLLC *	WA
900010149565	Wallace & Associates PS *	WA
900003749700	Williams & Callan PLLC	WA
900005399812	Beversdorf CPA LLC	WI
900010121069	Daren J. Powers CPA, S.C. *	WI
900255349575	Exact Accounting & Financial Services *	WI
900255350667	NorthEast Wisconsin Accounting Group LLC	WI
900010111071	The Vander Bloemen Group LLC *	WI
900010097729	Uphill CPA Firm, S. C.	WI
900255349359	Davis-Green CPA AC	WV
900004760152	Deborah A Dunbar, CPA, PLLC	WV
900255348682	DIMIT ACCOUNTING CORP	WV
900255350465	Miles & Smith CPAs, PLLC	WV
900010097041	Hawkins, Kominsky, DeVries and Associates, P. C.	WY
900004398947	Jay L. Magnuson	WY
900005731289	Julie Melder, CPA	WY
900010083759	Sorensen & Flanagan, LLC *	WY

Firms Whose Enrollment Was Terminated from the AICPA Peer Review Program since Last Reported

Failure to complete a corrective action

The AICPA Peer Review Program terminated the following firms' enrollment in the AICPA Peer Review Program for failure to cooperate. The firms did not complete corrective actions designed to remediate deficiencies identified in their most recent peer review.

Barbara S. Dwyer, CPA – Lake Placid, NY
CG Accounting Group LLC – Ocean City, MD
District Financial PLLC – Washington, DC
G.R. Rush & Company, PLLC – Chattanooga, TN
Hill, Lloyd & Welsh, LLC – Columbus, OH
Jon Wilkey, CPA, P.C. – Chattanooga, TN
Kingman, White and Company CPAs – Wilmington, NC
MG Group Inc. – Tullahoma, TN
Peter Leonard & Company – Los Angeles, CA
Shumacker, Johnson & Ross, P.A. – Leesburg, FL
Spates Accounting and Bookkeeping – Euclid, OH

Failing to submit signed acknowledgement letters

The AICPA Peer Review Program terminated the following firm's enrollment in the AICPA Peer Review Program for failure to cooperate. The firm did not timely submit evidence of agreement to perform remedial actions as required as a condition of completion of its peer review.

Sean T. Sullivan, CPA, PC – Erie, PA

Failure to complete an implementation plan

The AICPA Peer Review Program terminated the following firms' enrollment in the AICPA Peer Review Program for failure to cooperate. The firms did not complete an implementation plan designed to remediate findings identified in their most recent peer review.

Kimmons, Harmon, & Co. – Eastman, GA
Odell Hicks & Company, LLC – Chicago, IL

Failing to complete its peer review after it has commenced:

The AICPA Peer Review Program terminated the following firm's enrollment in the AICPA Peer Review Program for failure to cooperate. The firm did not timely submit to its administering entity documents required to complete the acceptance process of its peer review.

Consuelo T. Baisas, CPA – Roslyn, NY

Consecutive non-pass reports in system reviews

The AICPA Peer Review Program terminated the following firm's enrollment in the AICPA Peer Review Program for failure to cooperate by failing to design a system of quality control, and/or sufficiently complying with such a system, that would provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects, such that the firm received consecutive pass with deficiency or fail reports.

Fred Adom, CPA – Hermitage, TN
William A. Hughes, LLC – Chicago, IL
Zeal Financial – Brentwood, TN

Consecutive non-pass reports in engagement reviews

The AICPA Peer Review Program terminated the following firm's enrollment in the AICPA Peer Review Program for failure to cooperate by continually failing to perform and report on engagements selected for peer review in conformity with applicable professional standards in all material respects, such that the firm received consecutive pass with deficiency or fail reports.

Sutaria CPA, P.C. – Richardson, TX

Noncooperation related to omission or misrepresentation of information

The AICPA Peer Review Program terminated the following firm's enrollment in the AICPA Peer Review Program for failure to cooperate. The firm either omitted or misrepresented information that should have been provided to their administering entity and their peer reviewer relating to its accounting and auditing practice.

Federico & Sette, P.C. – Hamden, CT

Firm terminations are also published on our website at:

<https://www.aicpa.org/forthepublic/prfirmterm/2021peerreviewfirmterminations.html>

Compliance Update - Firm Noncooperation

Why is this on the Agenda?

This is an informational item to keep AICPA Peer Review Board (PRB) members informed about firm noncooperation, such as drops and terminations.

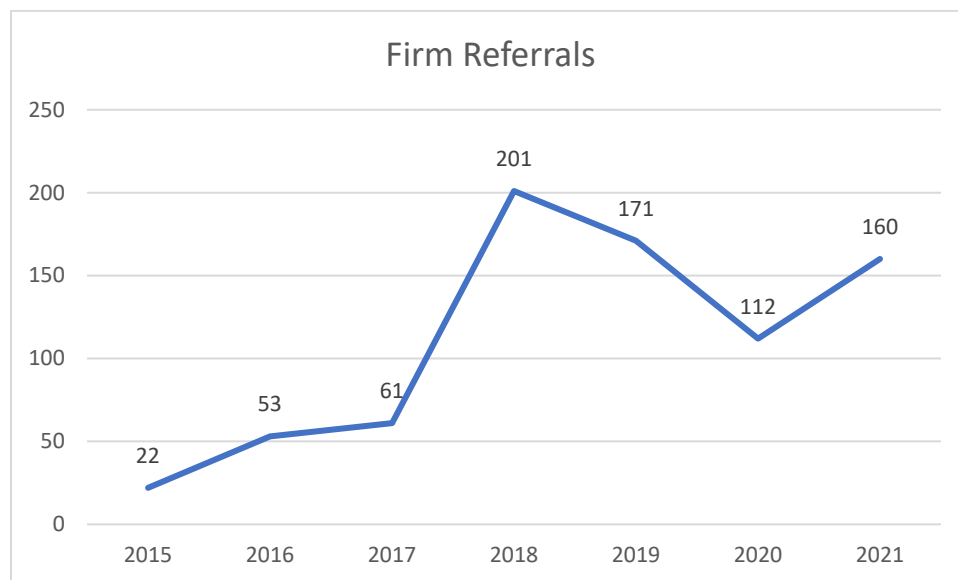
As previously reported, the AICPA Peer Review Program (PRP) made several temporary changes in March 2020 to respond to the coronavirus impact on firms due to the probability of firms not receiving fair procedure notifications. These changes provided firms with additional time to complete required actions. Since that time, AICPA PRP has resumed normal timing on warnings and proceedings have resumed, with compassion. The impact of this resumption on the drop, termination and appeal processes and related volume are reflected throughout this agenda item.

Hearings, Drops and Terminations

Firm Hearing Referrals and Mediation

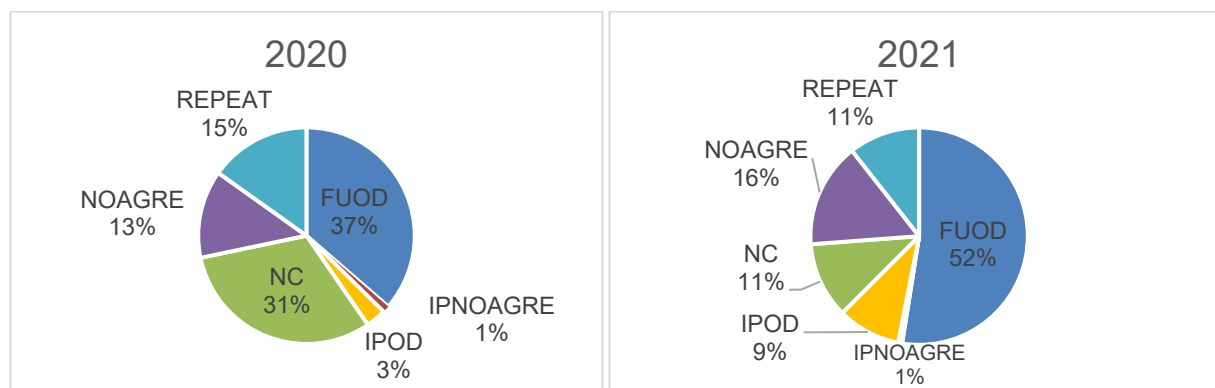
Referrals are firm noncooperation cases for which the administering entity (AE) has submitted documentation to AICPA staff to proceed with a termination hearing. Firms referred to the PRB for a termination hearing increased significantly after PRIMA implementation in 2017, due in part, to process automation as well as changes in guidance to expedite such matters and align more closely with Enhancing Audit Quality initiatives.

Due to the extensions granted to firms to complete peer reviews, implementation plans and corrective actions, the table below shows a significant decrease in referrals for late 2020 through early 2021. As expected, hearings volume increased in late 2021. In response, additional panels were convened during that time. Staff will continue to closely monitor resources devoted to this area and will make appropriate adjustments as needed.



**through 12/31/2021*

The types of matters for which firms are referred for termination hearings were as follows:



Legend:	
FUOD/IPOD	Failure to complete corrective action(s) or implementation plan
NC	General non-cooperation (includes completeness activities/material omission from scope, failure to undergo/complete peer review, failure to improve after consecutive corrective actions, etc.)
NOAGRE/IPNOAGRE	Failure to agree to corrective action or implementation plan, including those subsequently revised upon firm request.
REPEAT	Failure to improve after consecutive non-pass peer reviews

During 2020, there was an increase in the number of firms referred for failure to complete their peer review (reflected in the NC number above), failure to agree to corrective actions, and similar charges. This appears to relate to the AEs' increased ability to monitor old open reviews due to improved PRIMA reporting. In 2021, there was an increase in the number of cases related to failure to complete corrective actions as many extensions on corrective actions expired.

Firms referred for certain charges, such as failing to complete corrective actions, can sometimes be encouraged and assisted to resolve these matters prior to hearing. AICPA staff attempts to mediate hearing referrals where appropriate, which ultimately leads to less panel and other resource usage. For the year ending December 31, 2021, approximately 58% of recourse hearing referrals were mediated during the hearings process. Recourse hearings do not include charges such as consecutive non-pass reports or material omission from scope because those firms do not have any recourse to avoid the hearing (other than by acknowledging the charges and agreeing to termination without a hearing).

Firm Drops and Terminations

A firm's enrollment may be dropped from the AICPA PRP without a hearing prior to the commencement of a review for failure to submit requested information concerning the arrangement or scheduling of its peer review or timely submit requested information necessary to plan or perform the peer review. A detailed list of noncooperation reasons that may lead to a drop is in the [Peer Review Board Drop Resolution](#) (Interpretation 5h-1) on aicpa.org. Although warning letters are sent, staff does not perform mediation outreach to firms that may be dropped. Firms whose enrollment will be dropped from the AICPA PRP are sent to PRB members for approval via negative clearance and subsequently reported in PRB open session materials. Firms may appeal being dropped or terminated from the AICPA PRP.

A firm's enrollment may be terminated for other failures to cooperate with the AICPA PRP (typically after the commencement of a review). A detailed list of noncooperation reasons that may lead to a termination is in the [Peer Review Board Termination Resolution](#) (Interpretation 5h-1) on aicpa.org. Terminations from the AICPA PRP must be decided upon by a hearing panel of the PRB.

Drops and terminations of firms enrolled in the AICPA PRP are ordinarily reported in a monthly communication to state boards of accountancy Executive Directors and State Society CEOs and maintained on a listing for AEs.

[Firms with AICPA members whose enrollment in the AICPA Peer Review Program is terminated](#) are published on aicpa.org and included in the PRB open session materials. Firms without AICPA members whose enrollment in AICPA PRP has been terminated are not published by the AICPA but are included in the statistics of this agenda item.

Below is a summary of firm hearing panel decisions over the past several years:

Number of Firms		
Year	Terminated	Not Terminated
2016	41	6
2017	18	6
2018	41	25
2019	59	57
2020	32	9
2021	39	11
Total	230	114

Terminated firms reported above represent hearing panel decisions to terminate, including those within their available appeal period, and firms that agreed to the charges and were terminated without a hearing.

For firms whose enrollment was not terminated, the firm may be required to complete additional corrective actions to remain enrolled. Examples of additional corrective actions that might be required include, but are not limited to:

- Replacement review (omission cases)
- Formalization (in writing) of a firm's decision to limit practice in a certain industry or engagement type or
- Pre-issuance or post-issuance review

In the rare circumstance that additional corrective actions are not required, the review continues uninterrupted. For example, any outstanding corrective actions would need to be completed and accepted before the review is completed.

This summary does not reflect:

- Later decisions by an appeal mechanism to reverse or modify PRB hearing panel termination decisions or
- Cases that are mediated or the underlying cause is resolved (stopped hearings)

Firm Reenrollments

Ordinarily, firms that have had enrollment dropped or terminated firm may reenroll by implementing appropriate changes to correct the cause of the drop or termination. For example, a firm terminated for failure to complete a corrective action may be reenrolled by completing the corrective action to the peer review committee's satisfaction. However, reinstatement or reenrollment requests for some firms must be considered by a hearing panel (Interpretation 5h-2). These include firms:

- Dropped for not accurately representing its accounting and auditing practice;
- Terminated for:
 - Omission or misrepresentation of information relating to its accounting and auditing practice;
 - Failure to improve after consecutive non-pass peer reviews; and
 - Failure to improve after consecutive corrective actions

During 2020, 15 reenrollment cases were considered resulting in approval for nine firms. Through December 31, 2021, six reenrollment cases were considered, resulting in four approvals. Reinstatement and reenrollment approvals by a hearing panel may be contingent upon some required action(s), such as a successful pre- or post-issuance review of a particular engagement type. Such required actions are a condition of reinstatement/reenrollment and, as such, evidence of completion must be completed (attached to the reinstatement case in PRIMA) at the time of reinstatement/reenrollment.

Updates to the AICPA Peer Review Program Question & Answers

Why is this on the Agenda?

Staff updates the Peer Review Frequently Asked Questions document at least annually. This document provides answers to common questions asked by firms going through the peer review process. Scheduled changes to the document are included on the following pages. For ease of use, only those pages with scheduled changes have been included.

If interested, the entire Peer Review Frequently Asked Questions document can be accessed at the following webpage:

<https://www.aicpa.org/interestareas/peerreview/resources/faqs.html>

Effective Date

Revisions will be published subsequent to the February Board meeting. Additional revisions will be necessary once the clarified peer review standards become effective.

Board Consideration

None. Board members and other interested parties may request changes to the Peer Review Frequently Asked Questions at any time by contacting prptechnical@aicpa.org or through our various other communication channels:

<https://www.aicpa.org/interestareas/peerreview/community/links/sources1.html>

Updates to the AICPA Peer Review Program Question & Answers

What is a System Review?

... The majority of the procedures in a System Review are normally performed at the reviewed firm's office. However, this requirement is currently suspended (for reviews commencing on or before ~~June 30, 2021~~May 31, 2022) given the ongoing pandemic.

How are engagements selected for a System Review?

The *AICPA Standards for Performing and Reporting on Peer Reviews (Standards)* require engagements selected by the review team should provide a reasonable cross section of the reviewed firm's accounting and auditing practice, with greater emphasis on those engagements in the practice with higher assessed levels of peer review risk. Examples of the factors considered when assessing peer review risk at the engagement level include size, industry area, level of service, personnel (including turnover, use of merged-in personnel or personnel not routinely assigned to accounting and auditing engagements), communications from regulatory, monitoring or enforcement bodies; the results of reviews or inspections performed by regulatory or governmental entities; extent of non-audit services to audit clients, significant clients' fees to a practice office(s) and a partner(s) and initial engagements.

In addition, at least one of each of the following types of engagement should be selected for review:

- Engagements subject to Government Auditing Standards (GAS),
- Audits subject to the Employment Retirement Income Security Act (ERISA),
- Engagement subject to the Federal Deposit Insurance Corporation Improvement Act (FDICIA), and
- ~~Broker-dealers, and~~
- Examinations of service organizations (SOC 1 or SOC 2 engagements).

Additionally, if the engagement selected is an entity subject to GAS but not subject to the Single Audit Act and the firm performs engagements of entities subject to the Single Audit Act, at least one such engagement should also be selected for review. The review of this additional engagement must evaluate the compliance audit requirements and may exclude those audit procedures strictly related to the audit of the financial statements.

~~If a firm performs both carrying and non-carrying broker-dealer engagements, at least one carrying engagement should be selected. Non-carrying broker-dealer engagements may also need to be selected based on the reviewer's risk assessment. If a firm only performs either carrying or non-carrying broker-dealer engagements, then one must be selected.~~

If Finally, if a firm performs both SOC 1 and SOC 2 engagements and a proper risk assessment determined that only one SOC engagement should be selected, ordinarily a SOC 1 engagement should be selected over a SOC 2 engagement.

Finally, while carrying and non-carrying broker-dealer engagements were scoped out of

peer reviews (commencing July 1, 2021), the Securities Investor Protection Corporation (SIPC) agreed upon procedures engagements will remain subject to peer review. Further, the only Broker Dealers subject to peer review are CFTC-only registered. Due to the limited population of these BDs, the PRB determined must-select designation for these engagements is not necessary.

Should my firm expect an implementation plan for every FFC?

No. The decision of whether to require an implementation plan and deciding on what actions or procedures are appropriate is a matter of professional judgment that each RAB makes based on the applicable facts and circumstances. Generally, if the finding is not a repeat finding or associated with a must-select engagement that was not performed or reported on in conformity with professional standards in all material respects (System Reviews only), no implementation plan is suggested by the RAB.

However, when a finding is a repeat finding or associated with a must-select engagement that was not performed or reported on in conformity with professional standards in all material respects, the firm will often be required to complete an implementation plan.

~~Additionally, for peer reviews that commence prior to September 30, 2021, an implementation plan (or corrective action in limited circumstances) is required if a reviewer identifies noncompliance with the risk assessment standards (AU-C 315 for AU-C 330), which isn't isolated. For information related to what constitutes noncompliance with the risk assessment standards, or what implementation plans would be required in this situation, refer to PRP Section 3100, Supplemental Guidance.~~

Can my review be performed somewhere besides my firm's office?

Paragraph .08 of the *Standards* states that the majority of procedures in a System Review should be performed at the reviewed firm's office. However, given the ongoing pandemic, the board has suspended this requirement for peer reviews commencing on or before ~~June 30, 2021~~ May 31, 2022. Therefore, your peer reviewer may perform your System Review remotely. ~~The board will revisit this suspension at its meeting in May 2021~~

Engagement Reviews are normally performed at a location other than the reviewed firm's office.

My firm received an FFC for pervasive issues with complying with the risk assessment standards (AU-C 315 and 330) on my last peer review. Can I expect similar treatment on my current peer review?

For peer reviews commencing after September 30, 2021, the guidance in the Supplemental Guidance section of the Peer Review Program Manual (PRP Section 3100) no longer applies and existing guidance in PRP Sections 1000 and 2000 will be followed by your peer reviewer as it relates to the evaluation of noncompliance with the risk assessment standards (AU-C section 315, Understanding the Entity and Its Environment

and Assessing the Risks of Material Misstatement, or 330, Performing Audit Procedures in Response to Assessed Risks and Evaluating the Audit Evidence Obtained).

Depending on the facts and circumstances of the peer review (such as the nature and pervasiveness of any identified noncompliance), deficiencies or significant deficiencies may be warranted when noncompliance with the risk assessment standards has been identified. In short, these instances of noncompliance will be evaluated and assessed similarly to any other identified instances of noncompliance identified during the peer review.

Under what circumstances may a firm's enrollment be terminated?

A firm is deemed as failing to cooperate once the review has commenced by:

- Not responding to inquiries once the review has commenced
- Withholding information significant to the peer review, including but not limited to:
 - failing to disclose communications received by the reviewed firm relating to allegations or investigations in the conduct of accounting, auditing or attestation engagements from regulatory, monitoring or enforcement bodies
 - omitting or misrepresenting information relating to its accounting and auditing practice as defined by the *Standards*, including, but not limited to, engagements performed under *Government Auditing Standards*; audits of employee benefit plans, audits performed under FDICIA, ~~audits of broker-dealers~~ and examinations of service organizations [Service Organizations Control (SOC) 1 and 2 engagements]...

Approved 2022 Association Information Forms for Associations of CPA Firms

Why is this on the Agenda?

As of January 10, 2022, the Associations Task Force has accepted the 2022 Association Information Form (AIF) from 21 associations of CPA firms on behalf of the Board. One association requested permission to assist its members in forming review teams which is identified by an asterisk below. Two more associations have submitted forms that are in the process of being approved.

Association Name

AGN International – North America, Inc.
Allinial Global
Alliott Global Alliance
BDO Alliance USA
BKR International
CPA Affiliates of Virginia Ltd
CPA Management Systems, Inc. T/A INPACT Americas
CPAAI with MGI*
CPAConnect
CPAmerica, Inc
CPA-USA Association
Firm Foundation
Integra International
Leading Edge Alliance, The / LEA Global
Moore North America
MSI Global Alliance
NEXIA International
PrimeGlobal North America
RSM US Alliance
Southwest Practice Management Group
TMG

PRIMA Impact

PRIMA has been updated to reflect the approval of the 21 associations for 2022.

AE Impact

Administering entities were notified via email of the 21 associations that have been approved for 2022.

Effective Date

Upon ATF approval.

Board Consideration

None. For informational purposes only.

PRB Observers

Dan Weaver	Kelly Kelly
Vinit Shrawagi	Karen Guerra
Rachita Narain	Kristi Justice
Jiayi Bao	Chris Rouse
Sharon Romere-Nix	Viki Windfeldt
Karen Welch	Wende Wadsworth
Jeff De Lyser	Richard Hill
Fausto Hinojosa	Amanda Iovini
Paul Burns	Michelle Thompson
Lisa Ching	Donna Oklok
Jerry Cross	Wendy Garvin
Richard Daisley	Boyd Busby
Heather Trower	Patty Hurley
Lisa Brown	Marissa Mahoney
Chuck Jordan	Anna Durst
Ross Roye	Warren Morrison
Kary Arnold	Stephen Young
Cheryl Hartfield	Courtney Kincaid
Mary Beth Halpern	Rebecca Tres
Jaime Sanabria	David Holland
Julie Phipps	Darlene Boles
Dipesh Patel	Jeanette Contreras
Paul Brown	Andrea Byrd
Gavin Burnham	
Susan Speirs	
Gloria Snyder	
Deidre Budahl	
Gloria Roberts	
Paul Ziga	
April Boudreaux	
Jennifer Winters	
Mary Kline-Cueter	
Laura Harrison	
Suzanne Heidenreich	
Paul Pierson	
Annie Wheeley	
Marilee Lau	
Clay Huffman	
David Nance	
Adelina Burke	
Bimpe McMillon	
Monica Petersen	
Jay Kaufman	
Phil Windschitl	
Angela Meggett-Strudwick	
Abby Dawson	
Monica Farrell	
Glenn Roe	



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