

APPLICANT PROFILE

Member name _____ Birth date (MM/DD/YY) _____ Gender Male Female

Firm or organization _____

Home address _____ **Business** address _____ Floor/suite _____

City _____ Province _____ Postal code _____ City _____ Province _____ Postal code _____

Telephone _____ Fax number _____ Telephone _____ Fax number _____

Email address _____ Country _____ Email address _____ Country _____

Please check here if you do not want your information to appear in the CPA/CITP referral database (findaCITP.com).

APPLICANT QUALIFICATIONS

The qualifications for the CPA/CITP credential are based on the following CITP body of knowledge areas:

- Information Management
- Information Technology Risk and Advisory Services
- Information Governance
- Engagement Compliance
- Accounting Operations Technology Services
- IT Controls and Assessment

CPA Canada member number: _____

Check all boxes that apply

Section 1: CPA Certificate/License

I am a CPA in good standing as defined by CPA Canada. _____

Section 2: Examination Requirement

I have passed the CITP Exam. _____

Section 3: Experience Requirement

I have met the minimum experience requirement in the topics covered in the CITP body of knowledge areas listed above in the last 5 years.

- **Business:** I have at least 1,000 hours of CITP-related experience. _____
- **Academic:** I am a full-time professor and have taught at least 4 accredited college courses with 50% of the material included in the CITP body of knowledge. _____

Section 4: Education Requirement

I have completed at least 75 hours of CPD within the last 5 years from topics covered in the CITP body of knowledge areas listed above. _____

Education in the CITP body of knowledge areas may include: completion of continuing education courses, presentation of continuing education and authoring publications on relevant subjects. More information can be found at aicpa.org/CITP.

DECLARATION OF INTENT

Please read and indicate your agreement below.

Declaration

I affirm that my statements given in the CITP application (and any attachments and additional information I have provided) are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts therein is cause for denial or revocation of the right to use the CITP credential. If so requested by the AICPA, I will provide all additional information or documentation as deemed necessary for the verification of the information given here.

Maintenance of the Credential

To maintain the CITP credential, credential holders must pay an annual fee to the AICPA and comply with the following requirements:

- 1) Maintain membership in good standing in CPA Canada.
- 2) Recertify annually. Recertification currently requires that CITP credential holders complete 20 hours of continuing professional development within the credential body of knowledge annually:
 - Continuing professional development may include structured learning activities approved by NASBA or a legally constituted state authority, or other professional body; or unstructured learning activities as outlined by the AICPA
 - Unstructured learning activities may constitute up to 50% (10 hours annually) of a credential holder's CPD to meet credential renewal requirements.

Agreement

- 1) I understand that I may not use the CITP credential or hold myself out as a CITP until I have received official notification of my CITP certification from the AICPA.
- 2) I authorize investigation of all information I provided in the CITP application.
- 3) I understand that permission to use the CITP credential is granted for a period of one year. At the end of such period, if the CITP certification is not renewed, certification expires and any right to use the CITP credential expires.

- 4) I understand that if I fail to comply with the maintenance of credential requirements, I agree to cease use of the CITP credential immediately, and understand that in order to regain CITP certification, all initial requirements, including completion of the CITP application, must be met again.
- 5) I understand that the recertification requirements noted under Maintenance of the Credential are subject to change as deemed appropriate by the AICPA.
- 6) I further understand and agree that the AICPA has the absolute and unrestricted right to revoke any rights I have to use the CITP credential if I fail to maintain membership in good standing with CPA Canada.

I affirm that I have read and agree to the items in the Declaration of Intent. I further certify that I understand that a percentage of CITP applications will be randomly selected for further review and that, if selected, I will be required to provide detailed documentation (including specifics of business experience and lifelong learning) to support the assertions of the application. Failure to provide documentation will be considered as non-compliance with the requirements for maintenance of the CITP credential.

- I attest that I meet the AICPA's membership rules and eligibility requirements outlined on aicpa.org/membership. I agree to abide by the decisions of the Board of Directors as to the disposition of this application.
- I have read and agree to the [AICPA and CPA.com Joint Privacy Policy](#).*
- I agree to allow the AICPA to share my application information with CPA Canada to validate membership.

*aicpa.org/privacyandterms/pages/privacy.aspx

Signature _____

Date _____

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

PAYMENT INFORMATION

The program enrollment fee for the CITP credential is due upon application submission.

- New CITP credential holders** \$500 USD** (includes complimentary AICPA International Associate and Information Management and Technology Assurance Section membership)
- Current CFF credential holder** \$360 USD**
- Please bill my credit card** (Check one)
(Please note that your credit card payment will be processed upon the approval of your application.)
- Visa MasterCard Discover American Express

Card number _____ Expiration date _____

Billing address _____

City _____ Province _____ Postal code _____

Print name of credit card holder _____

Signature _____

Application and payment can be mailed to:

**CITP credential
AICPA
ATTN: Member Service
220 Leigh Farm Road
Durham, NC 27707 USA**

Or fax to: **+1.919.419.4795**

Please Note: Acceptance of payment does not signify approval of your application. Upon approval, you will receive a welcome kit advising you of your authorization to use the CITP credential.

Email: CITP@aicpa.org
Call: **+1.919.402.4500 (M-F 9am-6pm ET)**

**AICPA dues cover annual membership from Aug. 1 through July 31. A full year's dues payment is required upon joining the AICPA. To align new members with the AICPA billing cycle, they are billed a prorated dues renewal for the following fiscal year. Renewal payments are due each year by July 31.

