



Certified Forensic Financial Analyst (CFFA) Recertification Reporting Form (Submission Required)



Please complete the information below and return this form to NACVA by the last day of your Compliance Due Date.

Compliance Due Date for the Period Ending: December 31, _____

Member Number: _____

THIS FORM MAY NOW BE USED FOR RECERTIFICATION REPORTING OF ALL CFFA SPECIALTIES FOR WHICH YOU ARE CERTIFIED.

For designees with **multiple CFFA specialties...**

Recertification will be due for the first specialty on the three-year reporting cycle due date. Any additional specialties received after the original reporting cycle (within the last 12 months), will be merged and due three years later making them all due at the same time to simplify future reporting.

Please contact the Recertification Department if you have any questions at (800) 677-2009.

Name: _____ Name of Firm/Company: _____

Address (Include mail stop if applicable): _____

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____ E-mail: _____

CPE Required: Business Valuation, Financial Forensics, and subject matter related to each CFFA Specialty Area: Evidence of CPE compliance requires only that you attest to the following and sign below. Listing courses you have taken is optional; however, it is recommended you record this information for your files.

Note: Do not submit documentation of your compliance—this is an attestation report only. NACVA reserves the right to request evidential documents.

	DATE ATTENDED <u>OR TAKEN</u>	COURSE TITLE <small>(Attach separate list if necessary)</small>	TRAINING FORMAT*	# OF HOURS APPLIED
Recommended: List courses taken during the reporting period. Use this ledger for your personal records in tracking CPE from one period to the next. Keep a Copy.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
		TOTAL HOURS		_____ †

If "Other" category applies, please describe: _____

* Seminar (S), Conference (C), Self-Study (SS), and Other (O)

† If hours exceed the applicable 36-hour requirement, there will be **no carryover** of excess hours to the subsequent reporting period.

I have participated in **six engagements** that fall within the scope of the credential, and Specialty Area(s) for which I am certified. If I did not participate in six engagements, I substituted three engagements, with 24 hours of additional CPE through the *Expert Witness Bootcamp* at the Consultants' Training Institute (CTI) within the last three years that are relevant to **EACH OF MY CFFA SPECIALTY AREA(S), FOR WHICH I AM CERTIFIED.** (Check each Specialty Area in which you hold a CFFA certificate.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bankruptcy/Insolvency | <input type="checkbox"/> Financial Litigation | <input type="checkbox"/> Fraud Risk Management |
| <input type="checkbox"/> Business and Intellectual Property Damages | <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Matrimonial Litigation Support |
| <input type="checkbox"/> Business Valuation in Litigation | | |

I HEREBY ATTEST TO THE COMPLETENESS, ACCURACY, AND INTEGRITY OF THE ABOVE INFORMATION AND HAVE IN MY POSSESSION EVIDENCE TO SUPPORT THIS CLAIM.

NACVA HAS MY AUTHORIZATION TO TAKE MEASURES DEEMED NECESSARY TO VERIFY THIS INFORMATION.

Signature: _____ Date: _____

This Form Must Be Returned to NACVA in Each Three-Year Reporting Period.

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