

READ BEFORE COMPLETING APPLICATION

This form MUST be used for all Submissions After January 1, 2014

Instructions for Completing Application for Membership and Certification Under the Grandfathering Provisions

To ensure our ability to read and understand your application we encourage all applicants to use the interactive version of the application and type your information. Once completed you can e-mail the application directly to TheIIIC or print out a copy for mailing to TheIIIC. You can also include other recipients in your e-mail. If you handwrite your application please ensure that your entries are readable. You should print legibly all information. Any fields that cannot be understood may cause a delay in presenting your application to the Nominations Committee.

All fields in the application should be completed. This is especially important for your home or local residence and employer mailing addresses. Also, you should include both your personal and work e-mail addresses. Make sure you note which mailing address and e-mail address is preferred. We will e-mail important information from TheIIIC, including TheIIIC e-Newsletter, Job Openings, Training Events, etc., to your preferred e-mail address. All renewal invoices, as well as other important mailings, will be mailed to your preferred mailing address. If available, you should include your Post Office Box, in addition to your physical address location. Note that you **CANNOT** attach a resume/C.V. in lieu of completing the employment section (4), although you can do so to provide supplemental information. **You must provide a detailed description of your internal controls duties in section 4, including the percentage of internal controls work for each position.** Failure to do so can delay or result in rejection of your application. Only positions for which internal controls involve at least 50% of your duties will be accepted for experience under the Grandfathering provision. Only auditing experience will be accepted for the CICA designation.

Note that NO application will be presented to the Nominations Committee until full payment is received. The Nominations Committee meets on the 15th and last business day of each month. The Chairman will e-mail all candidates with the committee's decision within 10 business days of the meeting. Certificates will be mailed within 60 days of the committee's decision. Mailing of certificates is to your workplace only as a method of verification of employment. Delivery after mailing is dependent on mail service and may be delayed. Courier service for international members is available for an additional fee. E-mail info@theiic.org for cost. Member ID/ Certificate Number will be printed on certificates. Membership cards will be included with your certificate and will be good for one year.

If you wish to apply for both the CICA or CCS designations, separate applications must be submitted for each certification. If you are applying for more than one type of professional certification, your experience must be exclusive of the other. For example, if you are applying for the CICA, you must detail your experience in auditing or reviewing internal controls. If you are applying for the CCS, you must detail your experience in the design, implementation, monitoring, etc. of internal controls. There cannot be any overlap in the experience. You should be aware that if you are awarded more than one certification, you must pay renewals dues for each annually.

Once you have completed the application, note that you MAY NOT be able to SAVE a copy of the application with the data unless you have Adobe Acrobat Professional version. This will depend on your system. You should try to save the document using the SAVE AS function, naming the file "Application -(your name)". To prevent the lost of all inputted data you should return to page 1 of the application and click the "**Print Form**" button at the top of the page. You should retain a copy of the completed application for your records. If you are mailing the application, make sure you sign the application and **include your payment**.

*If you want to e-mail the completed form to TheIIIC automatically, you should click the "**Submit by E-mail**" button at the top of page 1. Note that this will take you to your e-mail browser where you will see the completed application (PDF format) attached to your e-mail to application@theiic.org. You can also attach any supporting documentation you want to include such as your CV/Resume. You should cc yourself to ensure that the form is filled out. An automated reply will be sent within minutes. Remember, if you e-mail the application, you must make payment by mail, credit card or wire transfer. E-mail TheIIIC at membership@theiic.org for wire transfer information if needed.*

NOTE: SOME EMPLOYERS BLOCK USE OF THIS TYPE OF EMAIL SUBMISSION THROUGH THEIR FIREWALL.

NAMES -- TheIIIC, being an international organization, sometimes experiences confusion with the member's names due to differences in customs and culture. Applicants should note that by **First Name** TheIIIC is asking for your given name. Your given name is typically that used to address you in a conversation. **Last Name** is typically your Family Name and also referred to as your legal name. Middle names are not used by all individuals. You may or may not use a middle name, or you can substitute an initial for your middle name. To avoid confusion, the name used for registering with TheIIIC and the legal name used on your correspondence, as well as your drivers license or passport should be the same. Females may use a combination of their maiden name and married name as long as use of it is consistent to ensure delivery of mail. Non adherence to the above can cause difficulties in indexing, filing and locating a member's file.

You are reminded that membership in good standing is required to present yourself as a holder of the CICA or CCS professional designation. Failure to renew your annual dues will result in termination of your membership and classification of your professional designation as inactive. Professional certification for any individual who has been inactive for three years will be permanently rescinded and cannot be reinstated under the Grandfathering provision. Any former member whose certification has been permanently rescinded will be required to complete CPE training and pass the certification examination. Former members who apply for reinstatement within three years will be required to complete any deficient CPE hours as described in TheIIIC CPE Policy (see TheIIIC website for details) and pay a reinstatement fee.

See Instructions for Use of Submit Button
NOTE: Your FIREWALL May Block Use of This Function



THE INSTITUTE for INTERNAL CONTROLS



Application for Membership and Certification Grand-fathering Provision

Approval Date _____
 Membership # _____
 *** For Official Use Only ***

NOTE: ALL INFORMATION SHOULD BE TYPED OR PRINTED CLEARLY.
ALL INFORMATION REQUESTED, INCLUDING HOME/RESIDENCE AND BUSINESS
INFORMATION MUST BE PROVIDED.
REVIEW THE INSTRUCTIONS PAGE BEFORE COMPLETING THIS APPLICATION.

Check Certification being applied for: (Select only one) CICA CCS

1. Personal & Business Information

NOTE: Both home & business mailing addresses and e-mail addresses must be included to ensure our ability to contact you in the event of a change of residence or employment. Failure to do so will result in return of your application.

Salutation: (check one) Mr. Mrs. Ms. Dr. Professor

NOTE: CERTIFICATES WILL BE INSCRIBED WITH NAME AS INPUTTED BELOW (Middle Name may be omitted due to number of characters limitation)

First Name/
Given Name:

Middle Name (optional):

Last Name/Surname/
Family Name:

Local Residential Mailing Address:

Local Residential Mailing Address:

City: State/Province: Postal Code:

Country: Local/Home Phone: Country Code: Area Code: ()

Personal E-mail:

Employer / Business Mailing Information

Employer Name:

Your Title or Position:

Bus. Mailing Address:

Bus. Mailing Address/
Department/Suite:

City: State/Province: Postal Code:

Country: Business Phone: Country Code: Area Code: ()

Business E-mail:

Preferred Mailing Address: Home Business **Preferred E-mail Address:** Home Business

Have you ever been convicted of a felony? Yes No

2. Education (include only if degree program was completed)

Undergraduate College/University (Bachelors or Associates Degree)

College/University Name:

City/State/Country:

Degree Awarded: Bachelors Associates Date Conferred: MM/YY Major:

Graduate University (Masters Degree)

University Name:

City/State/Country:

Degree Awarded: Masters MBA Date Conferred: MM/YY Major:

Doctorate

University Name:

City/State/Country:

Degree Awarded: Ph.D., DBA, DPA, Ed.D. J.D. Date Conferred: MM/YY Major:

List any specialized education or training that you would like us to consider if you do not meet any of the education requirements required under Section 5 for points award. OR attach statement to application.(Limit 400 characters)

3. Professional Certifications (see instructions below for list of acceptable organizations granting certifications)

CPA CA CIA CISA CMA CBA CGFM CGAP CPP CFE

CITP CISM CQA CISSP CFM PSP Other (list):

Note: Certifications must be active and in good standing. Professional certifications must be applicable to areas of internal controls, including (but not limited to) accounting, auditing, physical & data security, and loss prevention. Technical certifications such as Microsoft or Cisco, are not acceptable for points award in Section 5, unless they can be shown to address an area of internal controls. Passing parts of examinations for certifications are not acceptable; ONLY award of the full certification is acceptable. [Check here](#) for list of acceptable certifications.

4. Experience

*This section **MUST BE COMPLETED** and include a detailed description of all internal controls experience. A **detailed resume or curriculum vitae** may be attached to support or provide additional information **BUT NOT in lieu of completion of Section 4**. Educators may substitute for experience any courses designed and/or taught in areas of internal controls such as Auditing, Accounting Information Systems, Ethics, etc. Failure to complete section 4 will cause rejection of the application.*

Present employer or most recent job: check if not presently employed

Dates: MM/YY to

Company Name:

Position:

Address:

City: State: Postal Code: Country:

Description of duties involving internal controls audit, review, design, implementation, etc. (Limit 600 characters)

Percentage of your time spent on internal controls work: %

Past employer or experience *(include only internal controls positions)* **Dates:** MM/YY to

Company Name:

Position:

Address:

City: State: Postal Code: Country:

Description of duties involving internal controls audit, review, design, implementation, etc. (Limit 600 characters)

Percentage of your time spent on internal controls work: %

Continue with Past Employment / Experience

Past employer or experience (include only internal controls positions) **Dates:** MM/YY to

Company Name:

Position:

Address:

City: State: Postal Code: Country:

Description of duties involving internal controls audit, review, design, implementation, etc. (Limit 600 characters)

Percentage of your time spent on internal controls work: %

Past employer or experience (include only internal controls positions) **Dates:** MM/YY to

Company Name:

Position:

Address:

City: State: Postal Code: Country:

Description of duties involving internal controls audit, review, design, implementation, etc. (Limit 600 characters)

Percentage of your time spent on internal controls work: %

5. Application for Certification Under the Grandfathering Clause of the By-laws

NOTE: APPLICANTS CAN ONLY APPLY FOR ONE PROFESSIONAL CERTIFICATION PER APPLICATION

I hereby apply for certification as a CICA or CCS under the Grandfathering provision of The Institute for Internal Controls. I understand that the certification will be based on the information provided above and that I may be asked to provide additional information to support the above education, professional certification, and internal controls experience.

For CICA designation - complete section 5a only. For CCS designation - complete section 5b only.

5a. CICA Certification

CICA certification is limited to accounting/auditing/consulting professionals whose primary experience is in the field of auditing and evaluating internal controls. Non-auditors, including educators and attorneys, should apply for certification as a CCS in section 5b, unless they have prior experience in accounting/auditing/consulting.

Education:

Check one

- Bachelor or Masters degree with major in Accounting (40 pts)
- or
- Bachelor or Masters degree with major in Computer Science(IT Auditors only) (40 pts)
- or
- Completion of at least 24 credits in accounting in undergraduate, graduate or post graduate programs(40 pts)
- or
- Bachelor degree in any major other than above (20 pts)
- or
- APA Completed or Equivalent (International Applicants Only (40 pts))

Maximum points allowable for all education is 40

Additional education not included above:

Check one

- or MBA, MPA, MS/MA in Business subjects or Computer Science (10 pts)
- Ph.D., DBA, DPA, Ed.D., J.D. (10 pts)

Certifications (As listed in section 3. Note: 10 point maximum) - Check all that apply

- 10 pts CPA CA CIA CISA 5 pts CGAP CBA CQA
- 5 pts CFE CMA CFM CGFM CITP CISM Other

Maximum points allowable for all certifications is 10

(Note on certifications: For professional certifications other than those listed see Section 3 for link to accepted certifications. Note that credit will be given only in those cases where certification represents expertise in the areas of internal controls).

Experience:

10 Points for each full year of **auditing experience** where internal controls work accounts **for more than 50%** of your duties.
Minimum experience in auditing required is three (3) years.

Minimum points required for CICA is 30

TOTAL: (70 points required for certification)

5b. CCS Certification

For CCS designation complete below (for CICA designation - complete section 5a. above only)

CCS designation is available to internal controls professionals who are not in accounting, auditing, or consulting positions, whose primary experience is in a field other than auditing internal controls, including non-audit evaluation, design or implementation. This includes consultants, attorneys, educators, and individuals involved in non-audit management, financial, and operations areas.

Education: *Check one*

- Bachelor's Degree with major in Accounting, Business, Computer Science, Management, Loss Prevention, or area of internal controls specialty (40 pts)
- or*
- Juris Doctorate (40 pts)
- or*
- Ph.D., DBA, DPA, Ed.D. (40 pts)
- or*
- Bachelor degree in any major other than above (20 pts)

Maximum points allowable for all education is 40

Additional education not included above:

Check one

- MBA, MPA, MS/MA in Business, Computer Science, Loss Prevention or Area of Specialty in Internal Controls (10 pts)
- or*
- Ph.D., DBA, DPA, Ed.D. - for non educators (10 pts)

Certifications: - As listed in Section 3 - Note: 10 point Maximum - *Check all that apply*

- 10 pts CPA CA CIA CISA 5 pts CGAP CBA CQA
- 5 pts CMA CFM CGFM CITP CISM CPP PSP CFE
- 5 pts Other

Maximum points allowable for all certifications is 10

(Note on certifications: For professional certifications other than those listed see Section 3 for link to accepted certifications. Note that credit will be given only in those cases where certification represents expertise in the areas of internal controls).

Experience:

10 Points for each full year of experience where internal controls work accounts for **more than 50%** of your duties.
Minimum experience in internal controls required is three (3) years.

Minimum points required for IC experience is 30

TOTAL (70 points required for certification)

6. Applicant's Declaration

Check the boxes below to affirm each statement

- I declare that all of the information contained in this application is true and correct and agree to provide any supporting documentation requested by the Nominations Committee.
- If accepted, I agree to abide by TheIIC's Code of Ethics, Code of Professional Standards, and Continuing Professional Education requirements.
- I understand that I must renew my membership annually and be a member in good standing in order to retain the CICA or CCS professional certification designation.
- I understand that any certification awarded will be revoked for failure to renew my membership and that I CANNOT hold myself out as a CICA or CCS if I am not an active member in good standing.

7. Applicant's Signature

Sign or for electronic signature type your "full name" followed by "/es/ **UNSIGNED APPLICATIONS WILL BE REJECTED**

Applicant's Signature

Date:

8. Fees & Dues (Note: Payment or Purchase Order Number are required with application)

Fees/dues effective January 1, 2014

Application fee:	\$ 50
Annual membership dues*:	\$ 150
TOTAL	\$ 200 (payable on US Bank only)

Application fee is non refundable. First year annual dues payment will be refunded if your application is denied.
No cash or non-US bank checks.

Make check or money order payable to **The Institute for Internal Controls, Inc.** (Federal TIN: 16-1783223)

* Membership dues cover a 12-month period, commencing with the month your application is approved.

Membership dues are billed annually and are due on the anniversary of your application approval.

Membership dues may be tax deductible (consult your tax advisor)

Mail to: The Institute for Internal Controls, Inc.

Attn.: Nominations Committee

109 Mullen Drive, Suite B
Sicklerville, NJ 08081

9. Checklist:

- Signed & dated application
- Detailed description of your internal controls experience including percentage
- Check or Money Order Enclosed
- Wire Transfer (payable in US\$ & on US bank)
- Credit Card made online via website (www.theiic.org)

Attention: Application will not be processed without full payment

Note: Supporting documentation such are diplomas, transcripts, certifications, etc. are not required to be submitted with your application. Any documentation required by the Nominations Committee will be requested on an as-needed basis.