

# 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, your recertification period for **each** begins with the period you received your first CFFA specialty designation. Thus, in your three-year reporting cycle for your first CFFA specialty credential if, for instance, you received your second CFFA specialty credential one year later, you would be attesting herein to having complied with meeting two-thirds of the requirements for the second CFFA specialty credential. Thereafter, recertification would be on the same three-year cycle for both your first and second CFFA specialty credentials.

Name: \_\_\_\_\_ Name of Firm/Company: \_\_\_\_\_  
Address (Include mail stop if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CPE in Business Valuation, Financial Forensics, and subject matter related to each CFFA Specialty Area:** Evidence of CPE compliance requires only that you **initial** the following attestation and sign below. Listing the courses taken is optional, though you may want this information for your records.

**Initial:** \_\_\_\_\_ I attest hereto that during the reporting period shown above, I have taken the required 36 hours of Continuing Professional Education (CPE) in areas relevant to my NACVA CFFA credential and the Specialty Area(s) I have indicated below, and with which I have complied for Recertification as specifically defined in NACVA's policies published in "The Association" brochure, and have in my possession evidence to support this claim. (Check each specialty area that applies)

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

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

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

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.

Evidence of your participation in **six engagements** within the last three years that fall within the scope of the credential, and specialty area(s) in which you certified, requires only that you initial the following attestation and sign below.

**Initial:** \_\_\_\_\_ I attest hereto that during the reporting period shown above, I have participated in **six engagements** within the last three years that are relevant to each of my CFFA Specialty Areas, as indicated below, in which I am certified and have in my possession evidence to support this claim. (Check each specialty area that applies)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business and Intellectual Property Damages   | <input type="checkbox"/> Forensic Accounting   | <input type="checkbox"/> Matrimonial Litigation Support |
| <input type="checkbox"/> Financial Litigation   | <input type="checkbox"/> Fraud Risk Management |   |
| <input type="checkbox"/> I have taken the three-day course "CFFA Candidate Workshop" in lieu of the six engagements |  |   |

**I HEREBY ATTEST TO THE COMPLETENESS, ACCURACY AND INTEGRITY OF THE ABOVE INFORMATION.  
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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