



DECLARATION FORM TO REGISTER AS A CA•CIRP

To: **CICA Continuing Education**
277 Wellington Street West
Toronto ON M5V 3H2

Fax to: Marisol Arroyo at **416-204-3415**

I would like to register as a CA-designated specialist in the specialty area of **insolvency and restructuring** and I hereby affirm that:

I am a member in good standing with the Provincial Institute(s) / Ordre in the geographic area(s) in which I practice, which is (are):

Employer Name and City: _____

My CICA Universal Number is: _____

(If unknown, leave blank)

I am a practicing **Chartered Insolvency and Restructuring Professional** and I am a member in good standing of the **Canadian Association of Insolvency and Restructuring Professionals**.

I continue professional development relevant to my chosen specialty.
(Guideline: CAIRP requires a minimum of 15 hours a year and 60 hours over three years.)

I continue to devote a significant percentage of my time to my chosen specialty.
(Guideline: 500 hours per year or 1,500 hours over three years.)

REQUIRED CONFIRMATION:

This form constitutes my official declaration of my request to register in the Specialty Register of my Provincial Institute(s)/Ordre. By authorizing this form, I signify that all information on this form is true and correct.

Registrant's Full Legal Name: _____

Please print

Name for Certificate _____

Registrant's Authorization: _____

Date: _____

PRIVACY CONSENT

In submitting this form, I consent to CICA collecting and using the above information and disclosing it to other third party service providers for the purpose of (1) providing me with the service for which I have contracted and (2) providing me with information as to products and services CICA feels may be of interest to me. Should you have any questions on the collection, use and disclosure of your information, view CICA's Privacy Policy at www.cica.ca. Should you not wish your personal information to be used and disclosed for the purpose set out in (2) above, please check this box.

