



# DECLARATION FORM TO REGISTER AS A CA•CIA

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 **internal audit** 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 **Certified Internal Auditor** and I am a member in good standing of the **Institute of Internal Auditors (IIA)**.

My IIA Membership Number is: \_\_\_\_\_.

My CIA Certificate Number is: \_\_\_\_\_.

I continue professional development relevant to my chosen specialty.  
(Guideline: The IIA requires a minimum of 80 hours over two 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: _____	_____

<p><b>PRIVACY CONSENT</b></p> <p>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 <a href="http://www.cica.ca">www.cica.ca</a>. Should you not wish your personal information to be used and disclosed for the purpose set out in (2) above, please check this box.</p>	<input type="checkbox"/>
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