**WORK PRODUCT REVIEW (WPR) SUBMISSION FORM**

**Complete form (please print) and submit with a copy of your report (PDF).**

|  |  |
| --- | --- |
| **CANDIDATE NAME:** Click here to enter text. | Date: Click here to enter a date. |
| Company Name: Click here to enter text. | Member Number: Click here to enter text. |
| Daytime Phone #: Click here to enter text. | Email: Click here to enter text. |
|  |  |

Insurance Category: Fee  Non-fee

Candidate is working toward (check one): AACI, P.App  CRA

Currently in the AEP  AEP start date (if applicable): Click here to enter a date.

**Please check one:** 1st Submission  2nd Submission  3rd Submission

***Resubmission must be returned within 30 days of review results of the WPR***

1st  2nd  3rd  Resubmission Date: Click here to enter a date.

**Date of work product:** Click here to enter a date.

**Property Address:** Click here to enter text.

**Work Product submitted:** *(check all that apply)* **CUSPAP Standard:** *(check which applies)*

Direct comparison approach  Appraisal

Cost approach  Review

Income approach  Consulting

Form report  Reserved Fund Planning

Narrative report  **Report Type:** *(Check which applies)*

Mock report (Non-fee)  Non-Residential (ICI)

Other  Specify: Click here to enter text. Residential

Multi - Unit

Other

Specify: Click here to enter text.

**Fee: CO-SIGNER:** Click here to enter text.AACI, P.App  CRA

Member Number: Click here to enter text. Daytime Phone #: Click here to enter text.

Company Name: Click here to enter text. Email: Click here to enter text.

**OR**

**Non-Fee: REVIEWER/SUPERVISOR NAME:** Click here to enter text.AACI, P.App  CRA

Member Number: Click here to enter text. Daytime Phone #: Click here to enter text.

Company Name: Click here to enter text. Email: Click here to enter text.

Check if Co-signer, Reviewer/Supervisor & Mentor are the same individual  **if not** complete the section below.

Co-sign start date: Click here to enter text.

**MENTOR NAME:** Click here to enter text.AACI, P.App  CRA

Member Number: Click here to enter text. Daytime Phone #: Click here to enter text.

Company Name: Click here to enter text. Email: Click here to enter text.

**CANDIDATE TO SIGN THE FOLLOWING STATEMENT:**

I certify that this Work Product has been prepared by me, in accordance with the requirements of CUSPAP and AIC Policies, working with my Co-signer and/or Mentor.

I understand,

* That the review results will be kept confidential.
* That the results of the review will be shared with my Co-signer & Mentor.
* Submissions are not subject to Professional Practice complaint in the event of grievous or significant error.

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**SIGNATURE Date**

Revised 21-Jan-2014