**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE Date**

Revised 21-Jan-2014