

ENROLLMENT INSTRUCTIONS FOR NON-AICPA MEMBER FIRMS

PLEASE READ THESE INSTRUCTIONS CAREFULLY

The attached enrollment form is for firms that have no AICPA members at a partner/owner level. If any of the partners/owners of your firm are AICPA members, then **stop here**, and download the other enrollment form for AICPA members to fill out and submit to the Peer Review Program.

- You need to fill out the attached enrollment form completely. Please do not leave any information blank, as this will delay your enrollment into the program. Please print legible or type the information on the form.
- The majority of the correspondence from the Peer Review Program is sent to either the managing partner and/or peer review contact person you delegate, by email with the exception of the final acceptance letter which is sent regular mail. Therefore once you enroll in the program, any changes to email or address need to be updated with us in order for us to always have the correct information for your firm.
- Once you have completed the attached enrollment form, you can email it to peerreview@calcpa.org, fax it to (650) 522-3080, or mail to: CalCPA Peer Review Program, 1800 Gateway Drive, Ste. 200, San Mateo, CA 94404.
- Do not send any other forms with this enrollment form. They will not be processed. Only send the enrollment form at this time.
- Do not call the Peer Review Program to verify if we received your enrollment form. Because of the volume of forms that we are receiving, we are not able to verify this when you send the form.
- Please allow 10 business days for processing. Once we process your enrollment form, we will send you an email that will include your scheduling instruction letter. The letter will include your firm number, due date of the review and the review number. If you don't receive anything from us by two weeks after you submitted the enrollment form, call the Peer Review Program staff at (650) 522-3094, and we can check to see if we have anything pending for your firm.
- Once you do receive your scheduling instruction letter, you will be directed to fill out your "Information Required for Scheduling Reviews" form on our website. Please include your review number on this form. We will not process any scheduling forms without this information.

If you have any questions regarding the instructions above or filling out the attached enrollment form please call the Peer Review Program staff. Below is our contact information.

CalCPA Peer Review Program
1800 Gateway Drive, Ste. 200
San Mateo, CA 94404

(650) 522-3094 office

(650) 522-3080 fax

Email: peerreview@calcpa.org

Website: <http://www.calcpa.org/Content/peerreview.aspx>

CALCPA PEER REVIEW PROGRAM

California Society of CPAs
1800 Gateway Drive, Ste. 200
San Mateo, CA 94404
Telephone: (650) 522-3094, Fax: (650) 522-3080
Email: peerreview@calcpa.org

CALCPA Peer Review Program Enrollment Form

Name and address of the main office of the firm (including sole practitioners):

Is this a new firm: Yes No **Date firm started business:** _____

Name _____

Address _____

_____, _____, _____
City State Zip Code

Information about your firm:

1. Name of managing partner or equivalent:

Mr. Ms.

First Name _____ M.I. _____ Last Name _____

Telephone No. _____ Fax No. _____

E-mail address _____

Name and address of person to contact at the firm concerning peer review matters:

Mr. Ms. Same as Managing Partner

First Name _____ M.I. _____ Last Name _____

Telephone No. _____ Fax No. _____

E-mail address _____

2. (a) Total number of CPA and non-CPA partners: _____

(b) Number of CPA partners: _____

3. Total number of CPAs including partners: _____

4. Number of personnel including partners: _____

5. Total number of engagements performed or expected to be performed under the Statements on Auditing Standards (SASs), examinations of prospective financial statements under the Statements on Standards for Attestation Engagements (SSAEs), and Government Auditing Standards:

- None 1 to 5 6 to 9 10 or more

6. Does the firm perform the following:

Reviews of financial statements? Yes No

Compilations of financial statements with disclosures? Yes No

Compilations of financial statements that omit substantially all disclosures? Yes No

Engagements performed under the Statements on Standards for Attestation Engagements (SSAEs) including financial forecasts and projections, agreed-upon procedures and other engagements, and excluding the engagements referred to in question 6? Yes No

7. Has the firm entered into an arrangement with a non-CPA owned entity with which the firm is closely aligned?

- Yes No

If yes, please indicate the name and location of the non-CPA owned entity, and the nature of the arrangement:

8. Date Peer Review Results are due to your State Board: _____

Applicant’s statement: To the best of our knowledge and belief the information submitted herewith is true and correct. We understand that acceptance of this application will enroll our firm in the CALCPA Peer Review Program. We agree to be bound by the policies and procedures of the CALCPA Peer Review Program, including those which may restrict our right to resign from the CALCPA Peer Review Program once a peer review has commenced.

ACKNOWLEDGEMENT OF REQUIREMENTS:

This statement should be signed by the firm’s managing partner.

Signature _____ Date _____

Print Name _____ Title _____

IMPORTANT NOTICE

In order to process this enrollment form and create a firm record for your firm to enroll in the Peer Review Program, all questions need to be answered. If the enrollment form is not completed correctly, the form will be returned to your firm to complete, which will slow down the process time of your enrollment.