



CALCPA PEER REVIEW PROGRAM

California Society of CPAs
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Redwood City, CA 94065
Telephone: (650) 802-2486, Fax: (650) 802-2350
Email: peerreview@calcpa.org

**CALCPA Peer Review Program
Enrollment Form**

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

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. 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.