The purpose of this form is to assist AICPA members required to be enrolled in a practice monitoring program. Use this form to notify AICPA of firm or employment changes that may impact your peer review and/or the firm’s enrollment in peer review. For assistance with this form, please contact your Administering Entity if enrolled in the AICPA Peer Review Program.

If you are enrolled in the NPRC Peer Review Program please contact their administrative team at 919-402-4502

**Change Form Instructions**

- Complete the pages most appropriate for your firm’s situation. **Please read the Description of Changes FIRST to ensure you complete the section that is the most appropriate.** Each section contains an area for comments to include additional information pertinent to your situation.

- **Please print legibly or type this information.** This form can also be found on our website at AICPA.org.

  If you need assistance in completing this form, contact the administering entity that administers your firm’s peer review. **Email, fax, or mail the completed pages of this form to your administering entity.** Please see Exhibit A for a complete list of contact information for all administering entities. All change forms must go through the administering entity for verification purposes.

  For firms with peer reviews administered by the AICPA’s National Peer Review Committee (“NPRC”): please contact the NPRC at (919) 402-4502 (option 0). Email inquiries may be sent to: nprc@aicpa.org. If your review is administered by the NPRC, mail the completed form to the address listed in Appendix A.

- **Once the administering entity determines the form has all required information, it will be forwarded to the AICPA. AICPA staff determines the impact to the firm’s (firms’) peer review on a case by case basis.** You will be notified via email once the form has been processed by the AICPA.

**DESCRIPTION OF CHANGES**

**Change in Employment**

If you are moving between public accounting firms, retiring, or changing your industry, complete this section. Note: If you are leaving or joining a public accounting firm, and you took or brought in any non-SEC A&A clients, this is considered a Firm Dissolution or Firm Merger for peer review purposes. Please complete the Firm Dissolution or Firm Merger section.

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PEER REVIEW PROGRAM CHANGE FORM

Firm Name Change  Page 5

If your firm is undergoing a firm name change due to one of the following, complete this section:

- A partner is leaving the firm and not taking accounting or auditing (A&A) hours from this firm.
- A partner is joining the firm and not bringing accounting or auditing clients into the firm.
- A staff member has been promoted to partner impacting the firm name.
- A firm name is changed for commercial purposes (i.e. PLLC, LLC, PC)

If the firm name change is for any other reason, please check the descriptions below to determine if they apply to the change.

Note: If a partner is leaving the firm and taking ALL the A&A clients, complete the Firm Sale section below. This category should NOT be completed if you are an individual changing firms/jobs. The Change in Employment category should be used.

Firm Dissolution  Page 6

For peer review purposes, a firm dissolution occurs when one or more partners leave a firm, and takes a portion of the non-SEC A&A clients from the firm. When this occurs, the AICPA will determine whether there is a successor firm and whether any new firms are formed. This is done on a case by case basis.

Decisions regarding successor firms include the calculation of the non-SEC A&A hours performed in the 12 month period prior to the effective date of the dissolution. This 12 month period should only include non-SEC A&A hours related to engagements with periods ended during the 12 months prior to the effective date of dissolution where the reports on those engagements have been issued. The status of the partners, and possibly staff, in addition to other relevant information, may also factor into the decision.

The administering entities and the AICPA will not be responsible for determining if the information submitted is accurate. If conflicting information between parties is submitted, all affected firms will be considered new firms for peer review purposes. None of the firms will be given successor firm status which would include peer review history.

Firm Merger/Purchase/Sale  Page 8

If your firm is combining, with another firm, purchasing another firm, or selling your practice, complete this section. Please review the information below regarding firm mergers, purchases, and sales.

IMPORTANT INFORMATION RELATED TO A FIRM MERGER, PURCHASE, OR SALE:

For peer review purposes, a Firm Merger is when two or more firms begin to practice as one firm. This may also include one firm acquiring another firm, including owners and engagements. The resulting firm’s status and due date for peer review will be determined by the AICPA, on a case by case basis, based on the information provided.

For peer review purposes, a Firm Purchase/Sale is when a firm purchases the non-SEC A&A practice from another firm (or firms). This ordinarily means a partner has sold his or her non-SEC A&A practice to another firm and retired or becomes an employee (non-owner). The nature of each firm’s practice will determine whether the purchasing firm is deemed a successor firm or a new firm and the peer review due date.

In completing this form, each original firm should calculate the non-SEC A&A hours that are being brought to the “combined” firm. These hours should exclude tax, management consulting or other work associated with non-A&A engagement and SEC issuer A&A engagements. The percentage of non-SEC A&A hours should be calculated on engagements with periods ended during the 12 month period prior to the effective date of the merger, where the reports on those engagements have been issued.

There should be agreement as to the number and percentage of hours that each firm is contributing to the “combined” firm. The firm’s status and due date for peer review will be determined by the AICPA based on this information on a case by case basis.
PEER REVIEW PROGRAM CHANGE FORM

Change in Employment Form

This form should be completed if you are moving between public accounting firms, retiring, or changing your industry.

Helpful reminders:

For individuals that are no longer a partner due to retirement or a change of industry (i.e. public accounting to private accounting), this section should be completed. If you are leaving or joining a public accounting firm and you took non-SEC A&A clients from the firm, this section should NOT be completed. Please complete the dissolution or merger form and an Enrollment Form, if necessary.

If you are leaving or joining a public accounting firm and NOT taking any A&A work please complete this section. If you primarily serve in an Education or Business Industry capacity, for example, and also perform public accounting related services which require practice monitoring, for the purposes of peer review, you will need to reflect your business category as Public Accounting.

Member Name: ____________________________________  Member #: ______________________________

Please tell us which Business Category you will be working in and your title:

<table>
<thead>
<tr>
<th>Business Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Public Accounting</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>□ Business/Industry</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>□ Education</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>□ Government</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>□ Law Firm</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>□ Temporarily Left the Workforce</td>
<td></td>
</tr>
<tr>
<td>□ Retired</td>
<td></td>
</tr>
</tbody>
</table>

If you have checked retired, please tell us the date of your retirement: ______________________________

Will you continue to perform any A&A work after your date of retirement? _________________________

Please fill out the remaining information (if applicable):

Company Name: ________________________________________________________________________

Address:  ______________________________________________________________________________

Phone Number: ___________________________  Email Address: __________________________________

For comments section and signatures, see Change in Employment Form continued, next page.
PEER REVIEW PROGRAM CHANGE FORM

Change in Employment Form, continued

Comments:

------------------------------------------------------------------
Signature: ___________________________  Today’s Date: ________________________
Email Address: _______________________  Phone Number: ____________________

------------------------------------------------------------------
PEER REVIEW PROGRAM CHANGE FORM

Firm Name Change

Note: If a partner is joining or leaving a firm, please refer to the instructions on page 1.

Member Name: ______________________________________________________________________________

AICPA Member #: _____________________________________________________________________________

Original Firm Name: __________________________________________________________________________

Original Firm Number: _________________________________________________________________________

New Firm Name: _____________________________________________________________________________

Reason for Name Change: _____________________________________________________________________

____________________________________________________________________________________________

Comments: ________________________________________________________________________________

Signature ____________________________________ Today’s Date _______________________________

Title ____________________________________ Phone Number ________________________________

Email Address ___________________________________________________________
**Firm Dissolution**

List the names and addresses of each resulting firm below. For each firm, indicate the percentage of non-SEC accounting and auditing (A&A) hours (excluding tax or management consulting services) taken from the original firm. Only engagements with periods ended during the 12 months prior to the effective date of dissolution where the reports on those engagements have been issued should be used to calculate the percentage of A&A hours.

In order to make the appropriate changes, you MUST provide us with all the information needed including contact information for all parties. It is preferable for all involved partners to discuss A&A percentages and be in agreement PRIOR to submitting this form. The grand total of hours MUST Total 100% in order to properly complete this section. The administering entities and the AICPA will not be responsible for determining if the information submitted is accurate. If conflicting information is submitted, all affected firms will be considered new firms for peer review purposes. None of the firms will be given successor firm status which would include peer review history.

Effective Date of Dissolution: __________________________  Original AICPA Firm Number __________________________

Original Firm Name: ____________________________________________________________________

Please attach a list that identifies each AICPA member of the dissolving firm in order to preserve their AICPA membership. For each AICPA member, the list should include: first & last name; AICPA Member number; the name of the firm they will be employed by after the dissolution (or if they are retiring or moving to business/industry) and position at the resulting firm, if applicable.

Resulting Firm Name (1): _____________________________________________________________________

Firm Address: ________________________________________________________________________________

Phone Number: __________________________  Email Address _________________________________________

Managing Partner Name(s): ___________________________________________________________________

Peer Review Contact Person: ___________________________________________________________________

Quality Control Partner(s): ___________________________________________________________________

A&A percentage for this firm ____________

Resulting Firm Name (2): _____________________________________________________________________

Firm Address: ________________________________________________________________________________

Phone Number: __________________________  Email Address _________________________________________

Managing Partner Name(s): ___________________________________________________________________
Peer Review Contact Person: ____________________________________________

Quality Control Partner(s):______________________________________________

A&A percentage for this firm: ________________________________

Resulting Firm Name (3): ____________________________________________
(if applicable)

Firm Address: ______________________________________________________

Phone Number: __________________ Email Address: ______________________

Managing Partner Name(s): __________________________________________

Peer Review Contact Person: _________________________________________

Quality Control Partner(s): __________________________________________

A&A percentage for this firm: ________________________________

EACH FIRM’s A&A PERCENTAGES
Grand Total must equal 100%

Firm 1 A&A percentage: ________________________________

Firm 2 A&A percentage: ________________________________

Firm 3 A&A percentage: ________________________________ (if applicable)

Grand total: 100%

Comments:

Completed by: _____________________________ Phone Number: ________________________

Signature(s) of partner(s) leaving the firm: ________________________________

Today’s Date: _____________________________ Email Address: ________________________

7
**Firm Merger, Sale or Purchase**

For each firm, indicate the percentage of non-SEC accounting and auditing (A&A) hours (excluding tax or management consulting services) brought into the resulting firm. Based on the effective date of the merger, the percentage of A&A hours should be calculated on engagements with periods ended during the 12 months prior to the merger, where the reports on those engagements have been issued. The percentage from all firms MUST TOTAL 100% in order to complete this section. There should be an agreement as to the number and percentage of those hours that each firm is contributing. The firm’s status and due date for peer review will be determined by the AICPA on a case by case basis.

The administering entities and the AICPA will not be responsible for determining which information submitted is accurate. If conflicting information is submitted, all affected firms will be considered new firms for peer review purposes. None of the firms will be given successor firm status with the existing peer review history.

Please attach a list that identifies each AICPA member who will be practicing at the resulting firm, in order to preserve their AICPA membership. The listing must include information for each AICPA member: name, AICPA Member number, the name of the firm they were employed by before the merger, sale, or purchase and position at the resulting firm, if applicable (staff, partner, sole practitioner).

*Any AICPA members who will not be working for the resulting firm MUST contact Member Services at (888) 777-7077 immediately to preserve their AICPA membership status.*

In order to make the appropriate changes, you MUST provide us with all the information needed including addresses of all parties. Please review the IMPORTANT INFORMATION RELATED TO FIRM MERGERS on page 1 before proceeding.

Effective Date of Merger, Sale or Purchase: _________________________________________________________

Resulting Firm(s) Name: _________________________________________________________________________

1. What firm did you work for before the merger, sale or purchase_______________________________________
   In what capacity? Staff___ Sole Practitioner___ Partner___ Shareholder___
   Other (Please List) __________________________________________________

2. Is that firm still in existence? Yes___ No___ N/A___
   If that firm is still in existence, are you performing any attest services? Yes___ No___
   If yes, what type of attest services are you performing? _____________________________________________

Firm Name (1): ________________________________________________________________________________

Firm Address: __________________________________________________________________________________

Phone Number: ___________________________ Email Address ____________________________________________

Managing Partner Name(s): ____________________________________________________________
Peer Review Contact Person: __________________________________________________________________

Quality Control Partner(s): ____________________________________________________________________

A&A percentage for this firm

Firm Name (2): _____________________________________________________________________________
Firm Address: ______________________________________________________________________________
Phone Number: ___________________________ Email Address: _____________________________
Managing Partner Name(s): __________________________________________________________________
Peer Review Contact Person: __________________________________________________________________
Quality Control Partner(s): ____________________________________________________________________

A&A percentage for this firm

Resulting Firm Name (3): ______________________________________________________________________
(if applicable)
Firm Address: ______________________________________________________________________________
Phone Number: ___________________________ Email Address: _____________________________
Managing Partner Name(s): __________________________________________________________________
Peer Review Contact Person: __________________________________________________________________
Quality Control Partner(s): ____________________________________________________________________

A&A percentage for this firm

EACH FIRM’s A&A PERCENTAGES

Grand Total must equal 100%

Firm 1 A&A percentage:
Firm 2 A&A percentage:
Firm 3 A&A percentage:
(if applicable)

Grand total: 100%

For comments section and signatures, see Firm Merger, Sale, or Purchase continued on next page.
PEER REVIEW PROGRAM CHANGE FORM

Firm Merger, Sale or Purchase, continued

Comments:

Completed by: ___________________________ Phone Number: ___________________________

Signature(s) of managing partner(s): ________________________________________________

___________________________________________________________

Today’s Date: ___________________________ Email Address: ___________________________
## STATE CPA SOCIETY PEER REVIEW PROGRAM - RETURN MAIL ADDRESSES

### ALABAMA SOCIETY OF CPAs
P.O. Box 5000  
Montgomery, AL 36103  
(334) 834-7650  
FAX: (334) 834-7310  
peerreview@ascpa.org  

Street Address:  
1103 South Perry Street  
Montgomery, AL  36104

### ALASKA
ADMINISTERED BY  
CALIFORNIA SOCIETY OF CPAs
Peer Review  
1235 Radio Road  
Redwood City, CA  94065-1217  
(650) 802-2346  
FAX: (650) 802-2350  
susan.lamb@calcpa.org

### ARIZONA
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CALIFORNIA SOCIETY OF CPAs
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FAX: (650) 802-2350  
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### ARKANSAS SOCIETY OF CPAs
11300 Executive Center Drive  
Little Rock, AR  72211-4352  
(800) 482-8739 in Arkansas only  
FAX: (501) 664-8320  
moffittt@arcpa.org

### COLORADO SOCIETY OF CPAs
7979 E. Tufts Avenue, Ste. #1000  
Denver, CO  80237-2843  
(303) 773-2877  
(303) 741-8605 (direct line)  
FAX: (303) 773-6344  
svachereau@cocpa.org

### CONNECTICUT SOCIETY OF CPAs
845 Brook St., Bldg. 2  
Rocky Hill, CT  06067-3405  
(860) 258-4800 Ext 213  
FAX: (860) 258-4859  
bonniec@cscpa.org

### DELAWARE
ADMINISTERED BY  
PENNSYLVANIA INSTITUTE OF CPAs
1650 Arch Street, 17th Floor  
Philadelphia, PA  19103  
(267) 675-6250 (peer review)  
(215) 496-9272 (main number)  
(215) 496-9212 (fax number)  
peerreview@picpa.org

### D.C. (GREATER WASHINGTON)
ADMINISTERED BY  
VIRGINIA SOCIETY OF CPAs
Virginia Society of CPAs  
P.O. Box 4620  
Glen Allen, VA  23058  
(804) 270-5344  
peerreview@vscpa.com

### FLORIDA INSTITUTE OF CPAs
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Tallahassee, FL  32314-5437  
(850) 224-2727 x250  
FAX (850) 222-8190  
bennettb@ficpa.org

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Tallahassee, FL  32301
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Atlanta Financial Center
North Tower
3353 Peachtree Rd, N.E. Suite 400
Atlanta, GA 30326-1414
(404) 504-2940
FAX: (404) 237-1291
hhazeur@gscpa.org

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Beaverton, OR 97076-4555
(503) 641-7200 Ext. 7
FAX: (503) 626-5328
peerreview@orcpa.org

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Beaverton, OR 97005-3209

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FAX: (808) 537-3520
debbiecortes@hscpa.org

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FAX: (208) 344-8984
tracypoe@idcpa.org

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FAX: (312) 993-0307
hartm@icpas.org

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FAX: (317) 726-5005
lgoar@incpas.org
dcraig@incpas.org

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Indianapolis, IN 46240-0069

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FAX: (515) 223-7347
peerreview@iacpa.org

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Topeka, KS 66604-0291

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cvaughan@kycpa.org

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FAX: (601) 856-8255
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MISSOURI SOCIETY OF CPAs
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cbacon@mocpa.org
Street Address:
540 Maryville Centre Drive
Suite 200
St. Louis, MO 63141

MONTANA SOCIETY OF CPAs
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PO Box 138
Helena, MT 59624
(406)442-7301
FAX: (406) 443-7278
Carol@mscpa.org

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ADMINISTERED BY NEVADA SOCIETY OF CPAs
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425 Eagle Rock Avenue
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FAX: (973) 226-7425
jwood@njscpa.org

NEW MEXICO SOCIETY OF CPAs
3400 Menaul Blvd NE
Albuquerque, NM 87107
(505) 246-1699
FAX: (505) 246-1686
camille@mmscpa.org

NEW YORK STATE SOCIETY OF CPAs
3 Park Avenue
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FAX: (212) 719-3364
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scortorreal@nyscpa.org

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mckelly@ncacpa.org
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Morrisville, NC 27560-9241

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Grand Forks, ND 58201
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pr@ndscpa.org

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Rhode island

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