



INSTITUTE for INTERNAL CONTROLS

109 Mullen Drive, Sicklerville, NJ 08081 USA

REQUEST FOR REINSTATEMENT FORM *MANUAL PAY ONLY*

Reinstatement Fee=\$100 + Annual Certification Fee=\$150 Total Due: \$250

Date of Request

____/____/____
Month Day Year

Salutation

-

First Name

Middle Name

Last Name

E-mail

Member/Certificate Number--listed on your certificate or membership card.

Certifications Held

- CICA
 CCS

Termination Status

- Certification Suspended (less than 3 years non-membership)
 Certification Revoked (more than 3 years non-membership)
 Unknown

READ AND CLICK BELOW YOUR UNDERSTANDING AND AGREEMENT WITH THE FOLLOWING:

- *I hereby request reinstatement of my membership in TheIIC, as well as the certification(s) noted above. I understand that reinstatement is a one-time event and that any failure to maintain my membership and certification(s) in the future will result in permanent revocation without reinstatement.
- *I understand that I must be in compliance with TheIIC's Professional Standards, Ethics Policy and CPE Policy.
- *I confirm that I have not been convicted of any felony to date that has not been reported by me to TheIIC.
- *I understand that I will not be reissued a new certificate and that I may receive a new certificate if needed by requesting a replacement certificate (non-framed) via TheIIC website for a fee.
- * I agree to provide an updated Change-Request form to ensure my profile, including mailing and emailing addresses, are current (available at the Member's Page at www.theiic.org)

Check agreement with reinstatement terms.

I have read and agree with all the terms and conditions regarding reinstatement and wish to proceed with the reinstatement process noted above.

Please provide your signature in the box below indicating your acceptance of the terms required for reinstatement:

IMPORTANT: Both Reinstatement Fee AND Annual Dues must be paid in order for Reinstatement Request to be processed. Final decisions regarding reinstatement requests are emailed to the applicant within 30 days.

IMPORTANT: PRINT a copy of this form when it is completed. Ensure that all required information has been entered and that you have signed the Application for Reinstatement. Enclose a copy of the application, along with the amount of \$250.00 and send to The IIC. Note-no reinstatement will be considered before the receipt of full payment. Please allow 30 business days to transpire before notification of a decision.

Completing the Manual Payment

When paying by Check or Money Order, Click Print Form button below to print out a copy for your records, then click the Submit Button to send your completed application to the IIC.

Send your Check or Money Order (payable on a US BANK ONLY in US DOLLARS) in the amount of \$250.00 to:

**Institute for Internal Controls Inc.
Attn: Nominations Committee
109 Mullen Drive
Sicklerville, NJ 08081
USA**

[Click to Print Form](#)