

20 HOUR CPD APPROVAL FORM



CMA ANZ CPD Approval Form Please complete this form using a typewriter or write your responses in BLACK ink using BLOCK CAPITAL LETTERS. If there is insufficient space continue on a separate sheet if necessary. Do not send any original documents with this form. The Institute will retain all materials sent with this form. Also, please note this form is to be used only by Management Accounting Affiliates of the Institute, and therefore no fees are charged in the approval process.

Part 1 PERSONAL INFORMATION

Current membership/certificate number _____ First year of membership _____
Title: (Dr/Mr/Mrs/Ms/Miss/Other) _____ Preferred Name(s) _____
First Name _____ Middle Name(s) _____
Last Name(s) _____
Date of Birth (dd/mm/yy) _____ Sex [] Male [] Female

Part 2 CONTACT DETAILS

Mailing Address - This is my [] Home [] Business
Address 1: _____
Address 2: _____
Suburb _____ City _____ State _____
Postcode _____ Country _____
Home: () _____ Work: () _____ Mobile: _____
Facsimile: () _____ Email _____

Part 3 PRESENT OR MOST RECENT EMPLOYMENT

Employer's Name _____ Date of Appointment _____
Employer's Address _____
Post Held/Current Occupation/Situation _____
Brief Outline of Duties and Responsibilities _____

Important - You must provide your Curriculum Vitae detailing information of the management accounting experience that you think will be of significance to your application, eg. work in reporting to management; financial management; information systems; financial modelling; internal auditing; pricing; logistics; cost analysis etc. (These must be detailed in attached Curriculum Vitae)

Part 4 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) APPROVAL SOUGHT FOR:

To be completed by all MAA members who have undertaken a 20-hour CPD program

Name of CPD Program	Organising body	Duration (dates)	CPD Hours Claimed
e.g. MYOB Primer	e.g. AIFM-ICMA	e.g. 12-13 Dec 20XX	24 hours
_____	_____	_____	_____
_____	_____	_____	_____

NOTE

Please provide proof of attendance like certificates/awards issues by the organizing body
Please provide photocopies of content of courses attended

Part 5 ACCEPTANCE OF RULES

I _____(name) declare that the above information provided is true and correct. I also agree to be bound by the Rules of the Institute of Certified Management Accountants.
Signature of Applicant _____ Date _____

For Official Purposes Only (Applicants do not complete)

[] Application Received On: [] Membership Consideration On:
[] Approved- [] Not Approved- Reason:
[] Applicant Informed of Decision On:

Email all applications to:

The Executive Director,
The Institute of Certified Management Accountants
CMA House,
Unit 5, 20 Duerdin Street,
Clayton North, Victoria 3168
AUSTRALIA.

Telephone +61 3 8555 0358

Email: info@cmaaustralia.edu.au