



CEAR Program
Reviewer Information and Application

CEAR Program
Reviewer Application Form

Name

Title

Employer

Home* or Work Street Address
City/State/Zip

*using home address will allow for quicker delivery of report

Phone Number (daytime):

E-Mail Address:

Are you an AGA Member? [] Yes [] No

If you are a member of AGA, please identify your chapter:

Are you a CGFM? [] Yes [] No Are you a CPA? [] Yes [] No

We publicly thank the entire pool of CEAR Program reviewers by listing them in our publications, website and other public forums. Please mark this box if you do NOT want to be listed:

[] Please do not publicly thank me for my CEAR Program reviewer service.

Each review team is composed of individuals from each of the following areas. Please indicate how you would list your work experience:
[] CFO Rep [] IG Rep
[] Perf Measurement [] "Ind Pub Acc't" Rep
[] Other

Indicate the PARs and/or Agency Financial Reports as preparer or auditor (circle one: preparer / auditor) that you have recently been associated and for what years, and therefore ineligible to review.

Identify Agencies: _____

PARs [] 2000 [] 2001 [] 2002 [] 2003 [] 2004 [] 2005 [] 2006 [] 2007
[] 2008 [] 2009 [] 2010 [] 2011 [] 2012 [] 2013

AFRs [] 2000 [] 2001 [] 2002 [] 2003 [] 2004 [] 2005 [] 2006 [] 2007
[] 2008 [] 2009 [] 2010 [] 2011 [] 2012 [] 2013 _____

Please submit the completed form to: Evie Barry
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703.684.6931, ext. 324 • 800.242.7211 • FAX 703-703-548-9367 • E-mail: ebarry@agacgfm.org

THANK YOU FOR YOUR PARTICIPATION!