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## Review Report Form

### Instructions for the Reviewer:

- Reviewers shall complete and return both pages of this form to the AMC being audited.
- Reviewers shall complete and return ONLY the first page to the AMC Institute.

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Date:

Member  
of AICPA

Yes

No

Other

Do you routinely conduct Special Agreed Upon Procedure Engagements?

Yes

No

Reviewer

Company Name

Address

City

Province/State

Country

Postal Code

Phone

Email

Website

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Name of Association Management Company Being Reviewed

Contact Person

Contact Phone

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Primary Review:

Indicate the number of AMC staff interviewed.

Conducted an advanced desktop review of all materials submitted.

Date

Conducted an on site review of the materials and systems.

Date

The AMC passed both the desktop and on site reviews following the ANSI Standard dated January 2024.

Date

The AMC did not pass the review.

Date

**Secondary Review (if needed):**

The AMC was reviewed again.

Date

The AMC passed the review.

Date

The AMC did not pass the review.

Date

The AMC failed the review.

Date

The AMC plans to appeal the decision.

Date

We certify that the above mentioned AMC has been reviewed on the dates noted in the date field above. We certify that the most recent date listed above indicates the results or status of our review.

Reviewer's  
Name (Print):

Firm Name

Date

Signature \_\_\_\_\_

**AMC Institute Office Use Only**

**Date Received:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

Send only the first two pages to the AMC Institute Office. Send all pages to the AMC.

## Review Report Form

Indicate your assessment of this form in each of the key accreditation areas listed in the table below. You may wish to duplicate this table to accommodate more than one review of the AMCs documentation.

| Areas  | Complete | Incomplete | Comments |
|--|----------|------------|----------|
| Client Contracts: Review Procedures and Requirements                   |          |            |          |
|  |          |            |          |
| Servicing the Client & Service Delivery Procedures                     |          |            |          |
|  |          |            |          |
| Project (Service) Completion, Reviews, and Post Contractual Procedures |          |            |          |
|  |          |            |          |
| Financial Management & Internal Controls                               |          |            |          |
|  |          |            |          |
| Insurance Coverage   |          |            |          |
|  |          |            |          |
| Employee Recruitment and Selection                                     |          |            |          |
|  |          |            |          |
| Employee Training and Professional Development Procedures              |          |            |          |
|  |          |            |          |
| Subcontracting and Purchasing Requirements                             |          |            |          |
|  |          |            |          |
| Record Keeping Requirements  |          |            |          |
|  |          |            |          |
| Internal External Review Requirements                                  |          |            |          |
|  |          |            |          |

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_