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## Reviewer's Commitment Form

Date

AMC Name

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### Reviewer's Information

Name

Firm Name

Address

City, State, Postal Code

Email Address

Phone Number

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### The following information is necessary in order to obtain approval from the AICPA.

Is this person a member of the American Institute of Certified Public Accountants (AICPA)?	Yes
	No
If NO, is this person a member of a similar organization?	Yes
	No

If this person is a member of an organization other than AICPA, please specify the organization information below.

Organization Name

Contact Name

Phone

Email

A member of a firm who is a CPA must oversee the Association Management Company review.  
Who is that individual?

**Yes**      **No**

Does this accounting firm have a professional relationship with the AMC?

If yes, does the accounting firm perform tax, audit, or other services for the AMC itself?

For any of the AMC's clients?

Is there any other independence matter that should be disclosed?

Please explain

Has the Accounting Firm or Individual CPA been peer reviewed within the last three years?

Is the Accounting Firm or Individual CPA familiar with conducting these types of engagements?

How many AMCI accreditation reviews has the reviewer performed to date?

Has the reviewer participated in any AMCI specific training?

Please explain:

If this is the first AMC related review, what specific, relevant experience does the reviewer have to insure a satisfactory review?

**A COPY OF THE LATEST PEER REVIEW OPINION LETTER MUST ACCOMPANY THIS FORM.**

**I (My firm) have reviewed the materials in the Reviewer's Guidebook and understand the guidelines provided. We agree to comply with the procedures and requirements in conducting an Association Management Company review. We further state that the information submitted on this Reviewer's Commitment Form is correct and accurate.**

Signature

Date