



PROFESSIONAL DESIGNATION

Questionnaire for Practicing Associate Designation Application

Applicants must achieve a score of 50 to be eligible to take the Practicing Associate Designation examination.

Name of Applicant: _____ Date: _____

Professional Experience

How long have you been working in Anti-Money Laundering/Counter Terrorist Financing (AML/CTF) Compliance? **10 points per year of experience to a maximum of 30 points.**

_____ Years **note, a minimum 2 years experience in AML/CTF compliance is required to apply for this level of CAMLI Designation.*

Professional Experience Documentation (please detail your professional experience in AML/CTF)

Dates of Employment: From _____ (Month/Year) to _____ (Month/Year)

Total Months: _____

Name of Employer: _____

Address: _____

Position/Title/Rank: _____

Name & Title of Immediate Supervisor: _____

Business Telephone of Immediate Supervisor: _____

Summary of responsibilities: _____

Dates of Employment: From _____ (Month/Year) to _____ (Month/Year)

Total Months: _____

Name of Employer: _____

Address: _____

Position/Title/Rank: _____

Name & Title of Immediate Supervisor: _____

Business Telephone of Immediate Supervisor: _____

Summary of responsibilities: _____



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Points

Name of Applicant: _____ Date: _____

Education

Please check only two.

_____ High School Diploma: **5 points**

Name of High School _____

_____ College Diploma; **10 points**

Name of College and Certificate _____

_____ Bachelors Degree; **15 points**

Name of University and Degree _____

_____ Post Graduate Degree; **20 points**

Name of University and Degree _____

Are you or have you been an identified AML/CTF Compliance Officer for your organization? **5 points for Yes**

_____ Yes

_____ No

Please identify those areas of Compliance with which you have been directly involved. Describe your involvement.

5 points per area

Policy development and review

Training - participating in training

Training - training others.

Reporting

Compliance Review/Audits

Risk assessment and documentation

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Points

Name of Applicant: _____ Date: _____

Professional Development (PD)

Professional Activities – 5 points per professional activity to a maximum of 15 points.

Have you written content for a published article or booklet on AML? Please include the details below.

Have you been an instructor, speaker, panellist or moderator at public/professional event on the subject of AML/CTF control? Please include the details below.

Do you hold a current professional accreditation? **10 points per accreditation**

Please specify: _____

What courses, training opportunities, conferences, etc. on the topic of AML/CTF have you participated in during the past two years? Please provide documentation verifying participation. **1 point per hour to a maximum of 20 hours**

Name of Professional Development activity

Date Completed _____

Who offered the PD? _____

Hours of duration? _____

Name of Professional Development activity

Date Completed _____

Who offered the PD? _____

Hours of duration? _____

Name of Professional Development activity

Date Completed _____

Who offered the PD? _____

Hours of duration? _____



Points Total

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_____ Page two

_____ Page three

_____ Total Points



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