



# PROFESSIONAL DESIGNATION

## Practicing Specialist Designation Application/Portfolio

Applicants must submit this application with supporting documentation and payment

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Professional Experience

\_\_\_ Yes Do you currently hold the CAMLI Practicing Associate (CAMLI-PA) Designation?  
\_\_\_ No

\*any applicant not holding the CAMLI PA will be required to complete the CAMLI PA examination (included in the cost of this application)

**Applicants for the CAMLI Practicing Specialist must have at least 4 years experience in AML/CTF compliance.**

**A minimum of 2 of those years must be in a management role.**

**Professional Experience Documentation** (please detail below your most recent professional experience in AML/CTF compliance. Indicate which is/was in a management role)

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: \_\_\_\_\_

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Name & Title of Immediate Supervisor: \_\_\_\_\_

Business Telephone of Immediate Supervisor: \_\_\_\_\_

Summary of responsibilities: \_\_\_\_\_

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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Education

\_\_\_\_\_ High School Diploma:  
 Name of High School \_\_\_\_\_

\_\_\_\_\_ College Diploma;  
 Name of College and Certificate \_\_\_\_\_

\_\_\_\_\_ Bachelors Degree;  
 Name of University and Degree \_\_\_\_\_

\_\_\_\_\_ Post Graduate Degree;  
 Name of University and Degree \_\_\_\_\_

### List of contents of portfolio

Please check off/list all items that you have attached

\_\_\_\_\_ Table of Contents  
 \_\_\_\_\_ Resume  
 \_\_\_\_\_ Letters of recommendation  
 \_\_\_\_\_ Performance Evaluations  
 \_\_\_\_\_ Certifications

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### Competency Pages

Please Check off the pages that you have included

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2	
3	
4	
5	
6	
7	
8	

## Documentation and Demonstration of Competencies <sup>1</sup>

In this section, applicants will describe how the documents included in the portfolio demonstrate their experience and knowledge in the following areas. Applicants must have management level experience in at least 5 of the 8 areas.

1. AML/CTF policy development
2. Training development and implementation
3. Risk management planning
4. Providing overall direction to senior management with respect to compliance issues
5. Budgetary control for the compliance program
6. Management of employees in the compliance group if applicable
7. Liaison with FINTRAC and designated regulatory bodies regarding AML/CTF compliance
8. Planning and implementation of new compliance requirements when put into force by new legislation or guidance from FINTRAC and other relevant regulatory authorities.

<sup>1</sup> - Please fill in the appropriate page for each area to be evaluated

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 1 - AML/CTF Policy Development

#### Required standards

- Work in developing new policies or reviewing and revising existing policies on AML/CTF
- Experience in communicating and having policies approved by Boards or upper management
- Leadership in the application of policies across the organization
- Degree of involvement in AML/CTF policy application to new service lines, company products, delivery of services, and its coordination across company divisions/departments.

**Executive Summary** - this section allows you to explain how the items in your portfolio demonstrate your experience and knowledge in the above competency. Please attach additional pages if needed.

Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_  
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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_  
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\_\_\_\_\_

What courses, training opportunities, conferences, etc. on this topic have you participated in during the past two years?

Name of Professional Development activity \_\_\_\_\_  
Date Completed \_\_\_\_\_  
PD Provider \_\_\_\_\_  
Hours of duration \_\_\_\_\_

Name of Professional Development activity \_\_\_\_\_  
Date Completed \_\_\_\_\_  
PD Provider \_\_\_\_\_  
Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Competency Page 2 - Training Development and Implementation

Required standards

- Development of training program, or research of available training products
- Enforcing training expectations
- Reporting on progress of training program to board
- Documentation of training completion
- Managing annual and ongoing AML/CTF compliance training.

**Executive Summary** - this section allows you to explain how the items in your portfolio demonstrate your experience and knowledge in the above competency. Please attach additional pages if needed.

Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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What courses, training opportunities, conferences, etc. on this topic have you participated in during the past two years?

Name of Professional Development activity \_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

Name of Professional Development activity \_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 3 - Risk Management Planning

#### Required standards

- Develop risk management strategy
- Implement risk management strategy
- Effectiveness testing of risk management program
- Coordinating risk management across all business departments

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

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Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 4 - Advising Board of Directors/Senior Management

Required standards

- Maintaining direct access to Board/senior management
- Ensuring the board is continuously informed and understands the compliance requirements
- Reporting to and responding to Board/senior management
- Managing the compliance tone from the top
- Ensuring all regulatory, required communication to the Board/senior management

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

Name of Professional Development activity \_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 5 - Budgetary Control for the Compliance Program

#### Required standards

- Identified compliance budget in place
- Budget addresses compliance regime requirements
- Ensure there is a strategic budget development process
- Effectively managing compliance budget in times of restraint

**Executive Summary** - this section allows you to explain how the items in your portfolio demonstrate your experience and knowledge in the above competency. Please attach additional pages if needed.

Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Name of Professional Development activity \_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

Name of Professional Development activity \_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 6 - Management of Employees in the Compliance Group

#### Required standards

- Established hiring policy and staffing requirements
- Support for continuing education needs of compliance team members
- Establish and assign employees to compliance responsibilities
- Supervision of compliance team
- Staff competencies assessed and innovation promoted

**Executive Summary** - this section allows you to explain how the items in your portfolio demonstrate your experience and knowledge in the above competency. Please attach additional pages if needed.

Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

Name of Professional Development activity \_\_\_\_\_

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PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 7 - Liaison with FINTRAC and Designated Regulatory Bodies Regarding AML/CTF Compliance

Required standards

- Understanding of your responsibilities with respect to your company regulator and/or FINTRAC
- Responding appropriately to regulatory examination/audits
- Managing effectively all remediation requirements arising from regulatory examinations/audits
- Informing and advising Board/senior management as to results and responses to regulatory examinations/audits

**Executive Summary** - this section allows you to explain how the items in your portfolio demonstrate your experience and knowledge in the above competency. Please attach additional pages if needed.

Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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What courses, training opportunities, conferences, etc. on this topic have you participated in during the past two years?

Name of Professional Development activity

\_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

Name of Professional Development activity

\_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Competency Page 8 - Planning and Implementation of New Compliance Requirements when Put into Force by New Legislation or Guidance from FINTRAC and other Relevant Regulatory Authorities

Required standards

- Proactive approach to addressing new compliance requirement(s)
- Ensuring new requirement(s) are implemented across the organization
- Designing and delivery of training to support new compliance requirement(s)
- Effectiveness testing of policies and practicing arising from new legislation

**Executive Summary** - this section allows you to explain how the items in your portfolio demonstrate your experience and knowledge in the above competency. Please attach additional pages if needed.

Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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Portfolio item \_\_\_\_\_

Description of relevance \_\_\_\_\_

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What courses, training opportunities, conferences, etc. on this topic have you participated in during the past two years?

Name of Professional Development activity \_\_\_\_\_

Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_

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Date Completed \_\_\_\_\_

PD Provider \_\_\_\_\_

Hours of duration \_\_\_\_\_



Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Development (PD) \*add additional pages if needed**

**Professional Activities**

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?  
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.

Name of Professional Development activity

\_\_\_\_\_  
Date Completed \_\_\_\_\_  
PD Provider \_\_\_\_\_  
Hours of duration \_\_\_\_\_



Name of Professional Development activity

\_\_\_\_\_  
Date Completed \_\_\_\_\_  
PD Provider \_\_\_\_\_  
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Name of Professional Development activity

\_\_\_\_\_  
Date Completed \_\_\_\_\_  
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Hours of duration \_\_\_\_\_

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