



# PROFESSIONAL DESIGNATION

## CGA 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

Have you worked with Anti-Money Laundering/Counter Terrorist Financing (AML/CTF) Compliance? For how long? **10 points per year of experience to a maximum of 30 points. \*note, the minimum 2 years experience in AML/CTF compliance normally required is waived for members with a CGA designation.**

\_\_\_\_\_ Years

**Professional Experience Documentation (please detail your professional experience) 5 points per year of CGA related work experience to a maximum of 15 points.**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Page One  
**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Page Two
<b>Points</b>

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**  
\_\_\_\_ Page one  
\_\_\_\_ Page two  
\_\_\_\_ Page three  
\_\_\_\_ Total Points



**The Canadian Anti-Money Laundering Institute**  
629 St. Lawrence Street  
PO Box 427  
Merrickville, Ontario  
K0G 1N0  
Canada  
  
Telephone: (613) 269-2619  
FAX: (613) 526-9384  
[contactus@camli.org](mailto:contactus@camli.org)