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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.

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

Name of Association Management Company Being Audited

Contact Person Contact Phone

Primary Review:

- 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 June 2014. 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: _____