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**ELIGIBILITY FORM**

Candidates who wish to take the CXS Examination must have a minimum of 40 qualifying credits based on education, other professional certification, and professional experience in the sanctions field, in addition to providing 3 professional references. The following table represents the CXS credit award system for examination eligibility:

I. EDUCATION

*Select highest level of education:*

**Associate Degree (2 year degree) 10 credits \_\_\_\_\_\_\_\_\_**

**Bachelor’s Degree 20 credits \_\_\_\_\_\_\_\_\_**

**Masters Degree/PhD/JD or Equivalent 30 credits \_\_\_\_\_\_\_\_\_**

*Supporting documentation must accompany information submitted.*

*Only one degree may be used toward the 40 qualifying credits for the CXS examination.*

II. PROFESSIONAL EXPERIENCE

**TO BE FILLED IN ONLY FOR THOSE CANDIDATES WHO CLAIM CREDITS FOR EACH YEAR OF PROFESSIONAL EXPERIENCE IN THE SANCTIONS OR RELATED EXPORT CONTROLS OR FINANCIAL CRIME FIELD:**

Each year of full-time experience in sanctions, export controls or related duties in a financial institution, commercial insurance, marine sector, telecom, or any other type of company. **Professional experience is limited to 3 years.**

**10 credits/year \_\_\_\_\_\_\_\_\_**

Dates of Employment: From (Mo./Yr.) To (Mo./Yr.)

Name of Employer: Industry:

Address: Country:

Position/Title: Total Months in this Assignment:

Name & Title of Immediate Supervisor: Business Telephone of Immediate Supervisor:

Summary of Work Assignment:

Dates of Employment: From (Mo./Yr.) To (Mo./Yr.)

Name of Employer: Industry:

Address: Country:

Position/Title: Total Months in this Assignment:

Name & Title of Immediate Supervisor: Business Telephone of Immediate Supervisor:

Summary of Work Assignment:

Dates of Employment: From (Mo./Yr.) To (Mo./Yr.)

Name of Employer: Industry:

Address: Country:

Position/Title: Total Months in this Assignment:

Name & Title of Immediate Supervisor: Business Telephone of Immediate Supervisor:

Summary of Work Assignment:

III. TRAINING

Professional Certification *(Financial Related)* — (CSS, CPA, CPP, CAFP, CRCM, CFE, CPE, CAMS, CGSS, CIA, CA/AML, FINRA Series, etc.)\*\*\*

Any certification program must include a minimum of six (6) hours of instruction and a certification exam.

*\*\*\*\*provide copies of certificate(s) and proof of valid membership in good standing*

**10 credits/certification \_\_\_\_\_\_\_\_\_**

Attendance at a course/seminar/web seminar/conference or training session on the topic of sanctions or export controls or financial crime (includes internal and external training)

*\*\*\*\*provide copy of certificate(s) of attendance or receipt of payment from entity conducting training)*

**1 credit per hour \_\_\_\_\_\_\_\_\_**

**Your Total # of Credits \_\_\_\_\_\_\_\_\_**

*(at least 40 are required)*

*\*\*\* Please note, these credits are in recognition of the AML/Financial Fraud portion of the FINRA certification training. As such, you will only earn a maximum of 10 credits regardless of the number of FINRA licenses you possess.*

*\*\*\*\* Supporting documentation (if necessary accompanied by a translation in English) must accompany information submitted to meet minimum credit criteria in order to sit for the CXS Examination (i.e., copies of degree, certificates of completion).*

PROFESSIONAL REFERENCES

***Required for all candidates***

Professional references must be individuals who have knowledge of your sanctions or related financial crime expertise and/or current position and the degree of responsibility held in the performance of your job. You should not use anyone as a reference who falls under your supervision. Do not use your own relatives, or members of the ACSS staff as references. **(Please note: all 3 references are REQUIRED.)**

**REFERENCE 1:**

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone Home Business (Select one) How long known

E-mail:

ACSS Member: Yes No Certified Sanctions Specialist CSS: Yes No

**REFERENCE 2:**

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone Home Business (Select one) How long known

E-mail:

ACSS Member: Yes No Certified Sanctions Specialist CSS: Yes No

**REFERENCE 3:**

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone Home Business (Select one) How long known

E-mail:

ACXS Member: Yes No Certified Sanctions Specialist ® CSS: Yes No

CXS EXAM CHECKLIST

Did You Remember ...

**To complete part I, II to make sure you have enough points?** *(Candidates wishing to sit for the CXS Examination must have a minimum of 40 qualifying points)*

**To complete part II, the professional experience section?** *(Only for candidates who claim credits for each year of professional experience within the sanctions field)*

**To include supporting documentation, such as copies of diplomas?**

**To order official college transcripts, if required?**

**To include 3 professional references?**

**To include your signature and date on the application?**

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_