POLICY ON CSAP ANNUAL RENEWAL FEE PAYMENT

Annual Renewal Fee Policy

1. Individual-Based Fee Structure

- The annual fee is assigned to the **individual member** and not to their employer, sponsor, or affiliated organization.
- The qualification and its associated benefits remain tied to the individual regardless of changes in employment, organizational affiliation, or sponsorship arrangements.

2. Grace Period

- A CSAP has 60 days from the date of expiry to renew their qualification before they are removed from the AccountAbility website and their account is suspended.
- After suspension, the CSAP can login to pay their invoice and submit their CPD hours.
- The qualified practitioner can renew their qualification within 12-months of expiry without a late fee.

3. Reactivation:

- o The qualification can be reactivated within 2 years of its expiry date.
- A CSAP must pay the latest annual renewal fee and submit their CPD hours for each year they have been inactive.
- If the license has been inactive for >2 years, the individual must submit details through the Reactivation Form (below) and pay a reactivation fee.
- Reactivation fee: Flat fee of 50GBP plus current year annual renewal fee so for a ACSAP who has let their qualification lapse 3 years, it would be 194 + 50 = 244GBP to be reinstated with no dues from previous years owed.

4. Tax Responsibility

- AccountAbility does not provide or prepare tax-related documentation required in a member's country of residence or employment.
- Each member is solely responsible for understanding and fulfilling any tax obligations, filings, or reporting requirements that may arise from payment of the annual fee.
- AccountAbility will issue receipts or confirmation of payment upon request; however, responsibility for local compliance remains with the member.

For any questions, please contact the Standards Team at standards@accountability.org.

This policy is effective as of October 2025 and applies to all CSAP annual renewal fees.

ACCOUNTABILITY CSAP REACTIVATION FORM

Section 1 — Applicant Information

- Full Name
- Former Certificate Number
- Last Active Date (when the license or membership expired)
- Current Contact Details
- Email Address
- Employer / Assurance Provider Name (if applicable)

Section 2 — Reason for Reactivation	Section	2 —	Reason	for	Reactivation
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☐ Lapsed due to nonpayment of dues
□ Lapsed due to lack of AA1000 engagements
□ Returning to practice / assurance work
□ Other (please specify):

Section 3 — Continuing Professional Development (CPD)

Documentation to show compliance with current professional development standards:

- Summary of courses completed
- Total hours claimed (past 12–24 months)
- Attach copies of certificates or transcripts
- Or a statement of circumstances explaining reasons if CPD hours were not completed during the time period

Section 5 — Professional Conduct and Disclosure

Ethics and disciplinary status:
\square I have been subject to disciplinary action during the inactive period
☐ I have had other professional license suspended or revoked
If "Yes" to any, provide detailed explanation and documentation.

Section 6 — Fees and Dues

This section lists required payments:

- Membership dues (current year)
- Reinstatement fee
- Payment method (check, ACH, credit card)

Section 7 — Declaration and Signature

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that falsification or omission may result in denial or revocation of reinstatement.

Signature: _.	 	
Date:		