**CIRA**

**Certified Insolvency & Restructuring Advisor**

SPECIALIZED EXPERIENCE FORM

NAME OF APPLICANT: DATE:

 Last Name First Name Initial

**(as you would like it to appear on certificate)**

FIRM:

ADDRESS:

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: FAX: E-MAIL:

POSITION NOW HELD:

PUBLISHED WORKS:

 Title: Publisher: Date:

 Title: Publisher: Date:

 Title: Publisher: Date:

HAVE YOU LECTURED / TAUGHT IN AREAS OF BANKRUPTCY, ACCOUNTING, TAXATION, LAW OR TROUBLED BUSINESS MANAGEMENT? [ ]  Yes [ ]  No IF YES, PLEASE LIST:

 Subject: Sponsoring Organization: Date:

 Subject: Sponsoring Organization: Date:

 Subject: Sponsoring Organization: Date:

DO YOU HAVE DIRECT EXPERIENCE IN THE AREAS OF BANKRUPTCY, INCLUDING:

1. Insolvency and restructuring advisor for trustee or debtor? [ ]  Yes [ ]  No
2. Insolvency and restructuring advisor for creditor or equity holder committees or specific creditors or equity holders? [ ]  Yes [ ]  No
3. Troubled business workout specialist, including business receivers and reorganization management or consultants? [ ]  Yes [ ]  No
4. Bankruptcy trustee? [ ]  Yes [ ]  No
5. Bankruptcy examiner or financial advisor for examiner? [ ]  Yes [ ]  No
6. Educator and/or author of published works in the area of business turnaround, bankruptcy and restructuring? [ ]  Yes [ ]  No
7. Expert witness regarding bankruptcy, restructuring and insolvency issues? [ ]  Yes [ ]  No

PLEASE INDICATE ENGAGEMENTS ON WHICH YOU HAVE HAD SIGNIFICANT EXPERIENCE RENDERING THE FOLLOWING SERVICES (Give number for engagements of 1-5 and indicate if more than 5): (Indicate No.) (Check)

 1,2,3,4 or 5 More than 5

* Directed or assisted in the turnaround of the business (bankruptcy or out-of-court)
* Assessing the company's long-term viability
* Identifying and evaluating non-essential assets to be sold and unencumbered assets to be pledged
* Designing or challenging a business rehabilitation plan to maximize profitability
* Evaluating the quality and value of the collateral
* Assessing the adequacy of the company's financial reporting systems
* Preparing analysis of impact of bankruptcy on debtor's operations and potential recoveries to creditors
* Debt / equity restructurings

1,2,3,4 or 5 More than 5

* Monitoring the company's business operation and/or compliance with the restructuring plan
* Deciding whether and when to file a petition for bankruptcy
* Prebankruptcy planning
* Arranging for debtor-in-possession financing
* Preparation and/or review of schedules of assets and liabilities and/or review of statement of affairs
* Cash collateral issues
* Assessing and monitoring cash management
* Providing analysis to support or evaluate court motions
* Claims investigation and adjudication
* Analyzing intercompany and related party transactions
* Preparing and/or challenging business plans and cash flow projections
* Business and asset valuations
* Liquidation analysis
* Debt classification and priority issues
* Bankruptcy taxation issues
* Debtor bankruptcy accounting and reporting issues
* Preference actions
* Fraudulent conveyances
* Substantive consolidation analysis
* Reorganization plan development
* Feasibility issues
* Plan approval procedures and hearings
* Disclosure statement development
* Disclosure statement approval hearings

OVER THE LAST EIGHT YEARS HAS THIS DIRECT EXPERIENCE BY YOU INDIVIDUALLY EXCEEDED 4000 HOURS?

[ ]  Yes [ ]  No

PLEASE COMPLETE THE FORM ON THE FOLLOWING PAGES (PT. 2 of .docx download) LISTING MAJOR CASE WORK IN WHICH YOU HAD DIRECT, SPECIALIZED, INDIVIDUAL EXPERIENCE (please make and attach additional copies of this form as needed).

PLEASE PROVIDE THE LIST OF REFERENCES YOU WILL BE CONTACTING (use provided reference forms)

Name Company Phone Number

I HEREBY ATTEST AND CERTIFY THAT THE INFORMATION INCLUDED WITHIN AND ATTACHED HERETO IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE TO ABIDE BY AIRA’S CODE OF PROFESSIONAL & ETHICAL CONDUCT.

DATE: BY:

 Signature