



International Certified Arbitrator (ICA)

Application Form

Application for:

ICA Associate Member (AICA) ICA Member (MICA) ICA Fellow (FICA)

Issuing Body: Forensic Certified Public Accountants Association (FCPAA)

Application Date: ____ / ____ / ____ (DD/MM/YYYY)

Section 1: Personal Basic Information

Note: This section is for verifying the applicant's identity and contact information, ensuring effective communication for follow-up certification processes.

Item	Content	Remarks
Full Name (English)	_____	As per passport/official ID
Full Name (Chinese)	_____	If applicable (fill in "N/A" if not)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Click to select
Date of Birth	____/____/____ (DD/MM/YYYY)	Example: 01/01/1990
Nationality/Region	_____	Fill in full name (e.g United States)
Passport/ID Number	_____	Valid official identification number
Permanent Address	_____	Detailed residential address (including



Item	Content	Remarks
		postcode)
Mailing Address	_____	For certificate delivery (can be same as permanent address)
Contact Phone	_____	With country/area code
E-mail Address	_____	Main contact email (ensure accuracy)
Emergency Contact	Name: _____ Relationship: _____ Phone: _____	Valid contact for emergency situations

Section 2: Eligibility Confirmation

(Select Based on Application Type)

Note: Please select the eligibility criterion or application pathway based on the membership type you apply for (only select one pathway for Member/Fellow application), and fill in relevant information.

For Associate Member (AICA) Applicants

1. Desire to enhance workplace competitiveness and need an internationally recognized professional qualification endorsement

Brief explanation:

2. Have a strong interest in Alternative Dispute Resolution (ADR) and wish to gain in-depth knowledge of relevant fields

Brief explanation:

3. Pursue lifelong learning and aim to systematically master professional knowledge related to international arbitration and mediation

Brief explanation:

4. Aspire to pursue careers as an international arbitrator or mediator and want to lay a solid professional foundation

Brief explanation:



For Member (MICA) Applicants (Choose Either Pathway)

Pathway	Application Requirements & Information	Remarks
<input type="checkbox"/> Pathway 1	<p>5-year senior work exemption pathway</p> <p>1. Relevant work experience in arbitration (ADR): _____ years (must be ≥5 years)</p> <p>2. Description of lead/sole capacity in arbitration-related work: _____</p> <p>3. Work unit (related to ADR): _____</p> <p>4. Position in work unit: _____</p>	<p>No examination required; pass FCPAA qualification review</p>
<input type="checkbox"/> Pathway 2	<p>3-month online course assessment pathway</p> <p>1. 3-month online special course enrollment number: _____</p> <p>2. Course completion date: _____ / _____ / _____ (DD/MM/YYYY)</p> <p>3. Online open-book examination score: _____% (must be ≥65%)</p> <p>4. Examination completion date: _____ / _____ / _____ (DD/MM/YYYY)</p>	<p>Complete 3-month course; 48-hour exam submission; ≥65% pass</p>



For Fellow (FICA) Applicants (Choose Either Pathway)

Pathway	Application Requirements & Information	Remarks
<input type="checkbox"/> Pathway 1	<p>10-year senior work exemption pathway</p> <p>1. Relevant work experience in arbitration (ADR): _____ years (must be ≥10 years)</p> <p>2. Description of lead/sole capacity in arbitration-related work: _____</p> <p>3. Work unit (related to ADR): _____</p> <p>4. Position in work unit: _____</p> <p>5. Age Confirmation: _____ years old (must be ≥30 years old)</p>	<p>No examination required;</p> <p>pass FCPAA strict qualification review</p>
<input type="checkbox"/> Pathway 2	<p>6-month online course assessment pathway</p> <p>1. 6-month online special course enrollment number: _____</p> <p>2. Course completion date: _____ / _____ / _____ (DD/MM/YYYY)</p> <p>3. Online open-book examination score: _____% (must be ≥65%)</p> <p>4. Examination completion date: _____ / _____ / _____ (DD/MM/YYYY)</p> <p>5. Age Confirmation: _____ years old (must be ≥30 years old)</p> <p>6. International arbitration postgraduate-level advanced education certificate number: _____</p>	<p>Complete 6-month course;</p> <p>49-hour exam submission;</p> <p>≥65% pass;</p> <p>meet age & education requirements</p>

Section 3: Course & Work Verification Information

Note: Fill in relevant information based on your application pathway for verification.



Verification Item	Content
ADR Special Course Enrollment Number (For Associate/Member Pathway 2)	_____
Course Completion Date (For Associate/Member Pathway 2)	____ / ____ / ____ (DD/MM/YYYY)
Course Completion Certificate Number (For Associate/Member Pathway 2)	_____
Work Verification Document Number (For Member Pathway 1/Fellow Pathway 1)	_____ (e.g., work certificate number)
6-month Online Course Enrollment Number (For Fellow Pathway 2)	_____
6-month Course Completion Date (For Fellow Pathway 2)	____ / ____ / ____ (DD/MM/YYYY)
International Arbitration Postgraduate-level Certificate Number (For Fellow Pathway 2)	_____
Upload Attachment (Required)	<p><input type="checkbox"/> I have attached all required electronic materials (scanned copies)</p> <p>Attachment Upload Reminder:</p> <p>Please prepare and upload the following electronic materials (scanned copies, clear and legible, in PDF/JPG format):</p> <ol style="list-style-type: none"> 1. Valid passport or official ID card (front and back) 2. For Associate Member: ADR special course completion certificate 3. For Member Pathway 1: Work experience



Section 5: Declaration & Commitment

I, the undersigned applicant, hereby make the following solemn declarations and commitments:

1. All information filled in this application form is true, accurate and complete, and I shall bear all legal responsibilities for any false information.
2. I meet all the eligibility requirements for the applied ICA membership level, and have completed the required courses (if applicable) or have the required work experience (if applicable).
3. I understand and abide by the articles of association, membership rules and relevant industry norms of the Forensic Certified Public Accountants Association (FCPAA).
4. I am willing to join the ICA global professional community, participate in relevant industry activities and lifelong learning programs organized by the association, and maintain the professional image of ICA members.
5. I confirm that the contact information filled in is valid, and I am willing to receive official notifications, industry information and learning resources from FCPAA/ICA.

Applicant's Signature: _____

(Handwritten signature, electronic signature if needed)

Signature Date: _____ / _____ / _____ (DD/MM/YYYY)



Section 6: Review & Approval (For FCPAA Official Use Only)

Note: This section is for FCPAA staff only; applicants do not need to fill in.

Review Step	Review Result	Reviewer Signature	Date	Remarks
Preliminary Information Verification	<input type="checkbox"/> Pass <input type="checkbox"/> Reject (reason: _____)	_____ _____	___/___/___	_____ _____
Eligibility Criterion/Pathway Confirmation	<input type="checkbox"/> Pass <input type="checkbox"/> Reject (reason: _____)	_____ _____	___/___/___	_____ _____
Course/Work Experience Verification	<input type="checkbox"/> Pass <input type="checkbox"/> Reject (reason: _____)	_____ _____	___/___/___	_____ _____
Final Approval	<input type="checkbox"/> Approve (Grant AICA/MICA/FI CA membership) <input type="checkbox"/> Reject (comprehensive reason: _____)	_____ _____	___/___/___	_____ _____
Membership Number Assignment	_____ _____	_____ _____		
Certificate Issuance Date	___/___/___ (DD/MM/YYYY))	_____ _____		



Application Instructions

1. All items in the form must be filled in clearly and accurately; blank items are not allowed (fill in "N/A" if not applicable).
2. The applicant must attach all required scanned copies as per the attachment reminder, based on the applied membership type and pathway.
3. The applicant must first pay a membership fee of 100 US dollars and an application fee of 150 US dollars on the official ICA website. Then, send all application materials (including the payment receipts for the membership fee and application fee) to the designated email in PDF or JPG format. **Please note that even if the application is ultimately unsuccessful, the membership fee and application fee will not be refunded.**

*Please note that if the applicant has already paid the membership fee of 100 US dollars in the same year of applying for the certificate, no additional 100 US dollars membership fee will be required for the ICA certificate application within the current year. Membership fees paid in years other than the certificate application year shall not be eligible for this exemption.

4. The application form must be submitted to the official ICA application mailbox: ica@fcpai.org .
5. The FCPAA will complete the review within 45 working days after receiving the application, and notify the applicant of the review result via the filled email.
6. After the application is approved, the applicant will receive the ICA membership certificate and membership manual via the mailing address within 10 working days.