**IVPA Program Registration**

### Candidate Information

**Name (Chinese/English):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ID Type & Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affiliation (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email (for exam results):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address (for materials delivery):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Exam Type Selection

Please select one certification type:
 ☐ CVAA (Chartered Virtual Assets Analyst)
 ☐ RWAS (RWA Sponsor)

### Registration Method

Please select one registration channel:
 ☐ Website Registration
 ☐ Group Registration (Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

### Exam Materials Confirmation

Have you purchased the required exam materials?
 ☐ Yes (Order number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 ☐ No (Must purchase within 3 business days after registering)

### Exam Format Selection

Please choose one format for your exam:

**CVAA:** Closed-book ☐ / Open-book ☐

**RWAS:** Closed-book ☐ / Open-book ☐

### Ethics Declaration & Agreement

I have read and agree to abide by the “Professional Ethics and Code of Conduct Declaration”:
 ☐ Yes (Violations will result in permanent on-chain blacklisting)
 ☐ No (Cannot register)

### Continuing Education Commitment

I understand and agree to fulfill the continuing education requirements after certification:

**CVAA:** 10 hours of designated activities per year + subscription to specified publications

**RWAS:** Participation in one RWA project per year + subscription to specified publications or activities
 ☐ I confirm

### Additional Information

Do you require special accommodations (e.g., disability support)?
 ☐ Yes (Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 ☐ No

### Submission Declaration

I certify that all information provided is true and accurate, and I accept full responsibility for any consequences arising from false information.

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

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

### Submission Instructions

Please send this completed form (PDF) to **exam@ivpa.world** or submit it via the IVPA website. Group registrations must be submitted by the organizing entity.

**Notes:**

Payment must be completed within 48 hours of registration, or the registration will be void.

Exam date and location will be communicated by email—please ensure your contact information is correct.

IVPA Examination Committee