NATIONAL CREDIT UNION ADMINISTRATION

REGION X

**TO:** PE [name] AND EX [name]

**CC:** SE [name]

**FROM:** PE [name]

**SUBJECT:** [credit union name] Team Examination

**DATE:** [date]

We are scheduled to start the team examination of [credit union name] FCU #XXXXX on [date]. This examination will have an effective date of [effective date]. A list of team members, associated hours for this exam, and areas scheduled for review is provided below:

* EX [name] -- 32 hours - ALM Review (on-site week of [date])
* EX [name] – 32 hours - Lending review (on-site week of [date])

You can work any time from 7:00 AM to 7:00 PM at the ABC Office:

[CU address]

[City, State Zip]

[Phone number]

The dress code is [type of dress]. [Parking, Travel, and/or Transportation Considerations, Lodging Options, etc.]

I plan to begin work at [time].

The CEO’s name is [name].

The following request lists and questionnaires have been provided to the credit union:

* ALM general request list
* IRR and Liquidity questionnaires

**\*\*\*\*\*IF YOU HAVE ADDITIONAL INFORMATION YOU WOULD LIKE THE CU TO PREPARE FOR US, PLEASE LET ME KNOW ASAP.\*\*\*\*\***

I will provide a backup of the examination to you the first day you are on-site.

Please provide me a memo with the results of your review upon the completion of your work. Please include a section to address each of the topics listed below and any additional topics you feel are necessary.

**EXAM HOURS**

* Please provide the hours you have worked on this examination, and please indicate whether the time was on or off site.
* Provide me with any recommendations for changes to future budget hours.
* Provide recommendations for changes to the number of participants as well the addition/deletion of any SME’s to the job.

**SCOPE**

* Please provide your input on what the final risk rating should be based on your review.
* Please provide any areas you recommend for review during the next examination.
* Provide the scope team merge file.

**OVERVIEW**

* Please provide an overview narrative, if applicable.
* Please provide discussion of the topic, indicate what is wrong, and provide guidance on how to address the issue.

**DOR**

* Please update and comment on all prior DOR items in the DOR module that relate to your area of review.
* Please discuss all DOR items with me prior to discussing them with management.
* After you have discussed the DOR items with me, please discuss with management and assure any questions management may have regarding your DOR items are addressed prior to your departure.
* Provide the DOR team merge file.

**EXAMINER’S FINDINGS**

* Please provide your Examiner’s Findings in an Examiner’s Findings document.

**CAMEL RATINGS**

* Please provide your input on what you feel the CAMEL rating should be for the area you reviewed and provide a brief supporting explanation.

**QUESTIONNAIRES**

* Complete all required questionnaires related to your area of review and complete optional questionnaires as you deem necessary.

**CONFIDENTIAL SECTION**

* Please provide me with any information you feel is necessary and appropriate to include in the *Confidential Section*.

**EXIT MEETINGS**

* Schedule all exit meetings as soon as possible to assure all appropriate credit union employees and NCUA staff can attend.
* Please discuss all findings with me prior to the exit meeting.
* Please discuss any issues with credit union management prior to the meeting so there are no surprises.

**\*\*\*\*\*Return all materials provided to you by the credit union back to the appropriate person prior to your departure\*\*\*\*\***