

The information on this form is collected, stored and used in accordance with any privacy legislation in the province to which you are applying, and is collected for the purpose of processing your application for membership. Questions about the collection and use of the information should be directed to the Privacy Officer of the Institute/Ordre of the province to which you are applying at the address and telephone number listed below.

Complete the form and send to the province where you intend to seek registration.

A. PERSONAL INFORMATION

Title: Mr. Ms. Mrs. Miss Gender: F M

Registered Name: (Attach proof of legal name)

Family name:

Given name(s): Birth date: (mm/dd/yy)

Former Legal Name (name under which the professional accounting qualification of the accounting body outside Canada was gained if different from Registered Name indicated above):

E-mail:

B: RESIDENTIAL ADDRESS

Postal address: Unit:

City: Province/State:

Postal Code: Country:

Residential Phone: Residential Fax:

Check if this is your preferred mailing address

C. CURRENT EMPLOYMENT

Employer Name: Position Title:

Employer Address: Unit:

City: Province/State:

Postal Code: Country:

Employer Phone: Employment Fax:

Employer Email:

Check if this is your preferred mailing address

D. REGISTRATION

I intend to seek registration in the Province of:

Have you previously been an applicant or registrant of another Institute/Ordre in Canada? Yes No

If the answer is Yes, please specify which Institute/Ordre:

E. LANGUAGE PREFERENCE

All documents must be in French or English if you applying in Quebec or New Brunswick, and in English if you are applying in all other Canadian provinces.

I understand and can speak and write in: English French Both English and French

F. PROFESSIONAL ACCOUNTANCY QUALIFICATIONS

Please list the details of your Professional Accountancy qualifications.

Name of professional accounting body	Membership number and designation	Date of the final exam passed (mm/dd/yy)	Country or State in which the designation was earned	Date admitted as member (mm/dd/yy)	Last date as member in good standing (mm/dd/yy)

G. EDUCATION INFORMATION

Starting with the most recent, please list the details of your post-secondary education, including all colleges, universities and institutions you attended.

Degree(s) (BCOMM, BA, etc.)	Name of institution, city and country	Date received (mm/dd/yy)

H. PARTIALLY COMPLETED PROFESSIONAL QUALIFICATIONS

The applicant may be asked by the Institute/Ordre to provide official documentation as confirmation from each professional accounting body.

Name of professional accounting body	Examinations passed	Date passed (mm/dd/yy)

I. PREVIOUS WORK EXPERIENCE

Starting with the most recent, please provide the following information as it pertains to your work experience in accounting.

Please also provide a detailed, chronological resume of your work experience

Country and/or state where you obtained experience	Employer name	Position and nature of experience	Duration of experience (approx. dates)

J. LICENSURE / AUTHORIZATION TO PRACTICE

Do you intend to practice public accounting?

Yes No

K. PERMISSION TO WORK OR STUDY IN CANADA

Are you lawfully permitted to work or study in Canada?

Yes No

L. APPLICANT'S CHARACTER

PLEASE USE A SEPARATE SHEET TO EXPLAIN ANY 'YES' ANSWERS	YES	NO
Have you ever been convicted of a criminal offence or other similar offence for which a pardon has not been granted or are there any charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a professional licence or permit suspended or revoked as a result of a disciplinary matter?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, subject to a disciplinary decision by an academic institution or a professional body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been expelled from a professional society or institute?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been found guilty of a violation of securities regulatory authority legislation or tax authority legislation?	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the above information and all other information given in this application are true and correct. I acknowledge and agree that it is my responsibility to provide the Institute/Ordre with all required information and documentation acceptable to the Institute/Ordre and to pay to the Institute/Ordre the applicable fee for this application. I further acknowledge and agree that the Institute/Ordre may not consider this application to be complete in all respects and may not process, assess or accept this application if any of the required information or documentation acceptable to the Institute/Ordre has not been filed with the Institute/Ordre or if the applicable fee has not been paid to the Institute/Ordre. I hereby certify that the personal information I have provided to the Institute/Ordre is accurate and has been freely given. I authorize the Institute/Ordre to use this information for administration purposes and I understand that all information will be treated confidentially. I authorize the Institute/Ordre to verify the information provided or to obtain from the organizations concerned any information relevant to this application. I understand that any false or misleading statement contained in my application may be used by the Institute/Ordre in any proceeding respecting the validity of my application or my status as an international candidate with the Institute/Ordre.

Print Name

Signature

Date (mm/dd/yy)

REQUIRED DOCUMENTATION

Proof of legal name

All applicants are required to provide proof of legal name (i.e. birth certificate, passport, or while neither Canadian citizenship nor landed immigration status is required to be accepted as an applicant, Canadian citizenship or landed immigrant identification card may be provided).

Please provide an affidavit sworn before a commissioner of oaths or notary public as documentation of proof of a change in the legal name, such as a legal change of name document issued by a government or government authority, a court order or decision, or a marriage or divorce certificate that shows both the former legal name and the current legal name.

Evidence of certification by a US state board of accountancy or membership in an accounting body outside Canada. (see form Appendix 1)

Each applicant must provide full details of his or her certification by a US state board of accountancy or of membership in an accounting body outside Canada. The state board or other accounting body is to return the completed document directly to the Institute/Ordre.

Evidence of previous practical experience (see form Practical Experience Certificate for Internationally Trained Candidates)

Each applicant must provide full details of all previous practical experience in accounting acquired as a student or a member of any accounting body in another country or in Canada. A completed Practical Experience Certificate for each former employer and current employer must be submitted.

Applicants may wish to supplement the completed form with additional information showing how they meet the competencies required.

The applicant is responsible for contacting each employer to obtain such details of the practical experience obtained. The completed forms are to be returned directly to the Institute/Ordre.

Payment of application for evaluation fees

Contact the provincial/regional body in which you want to apply to obtain details relating to the fees of your application.

The Chartered Professional Accountants of Alberta
900 TD Tower
10088 - 102 Avenue
Edmonton, Alberta T5J 2Z1
Toll free: +1 780.424.7391
Fax: +1 780.425.8766
Email: info@cpaalberta.ca
Web site: www.cpaalberta.ca

The Chartered Professional Accountants of British Columbia
800 – 555 West Hastings Street
Vancouver, British Columbia V6B 4N6
Phone: +1 604.872.7222
Fax: +1 604.681.1523
Email: info@bccpa.ca
Web site: www.bccpa.ca

The Chartered Professional Accountants of Manitoba
1675 One Lombard Place
Winnipeg, Manitoba R3B 0X3
Phone: +1 204.943.1538
Toll Free: 1 800.841.7148 (within Manitoba)
Fax: +1 204.943.7119
Email: cpamb@cpamb.ca
Web site: www.cpamb.ca

The Chartered Professional Accountants of New Brunswick
602 – 860 Main Street
Moncton, New Brunswick E1C 1G2
Phone: +1 506.830.3300
Fax: +1 506.830.3310
Email: info@cpanewbrunswick.ca
Web site: www.cpanewbrunswick.ca

The Chartered Professional Accountants of Newfoundland
and Labrador
500 – 95 Bonaventure Avenue
Suite 500
St. John's, Newfoundland A1B 2X5
Phone: +1 709.753.3090
Fax: +1 709.753.3609
Web site: www.cpanl.ca

Institute of Chartered Accountants of the Northwest Territories
and Nunavut
5016 50th Avenue
P.O. Box 2433
Yellowknife, Northwest Territories X1A 2P8
Phone: 1+ 867.873.3680
Fax: 1+ 867.873.4469
Email: info@icanwt.nt.ca
Web site: www.icanwt.nt.ca

The Institute of Chartered Accountants of Nova Scotia
300 – 1871 Hollis Street
RBC Waterside Centre
Halifax, Nova Scotia B3J 0C3
Phone: +1 902.425.7273
Fax: +1 902.423.4505
Email: icans@icans.ns.ca
Web site: www.icans.ns.ca

The Chartered Professional Accountants of Ontario
69 Bloor Street East
Toronto, Ontario M4W 1B3
Phone: +1 416.962.1841
Toll free: 1 800.387.0735
Fax: +1 (416) 962.8900
E-mail: customerservice@cpaontario.ca
Web site: www.cpaontario.ca

The Chartered Professional Accountants of Prince Edward Island
600 – 97 Queen Street
P.O. Box 301
Charlottetown, Prince Edward Island C1A 7K7
Phone: +1 902.894.4290
Fax: +1 902.894.4791
Email: info@cpapei.ca
Web site: www.cpapei.ca

Ordre des comptables professionnels agréés du Québec
5, Place Ville Marie, bureau 800
Montréal (Québec) H3B 2G2
Phone: +1 514.288.3256
Toll free: 1 800.363.4688
Fax: +1 514.843.8375
Email : info@cpaquebec.ca
Web site: www.cpaquebec.ca

The Chartered Professional Accountants of Saskatchewan
101 – 4581 Parliament Avenue
Regina, Saskatchewan S4W 0G3
Phone: +1 306.359.0272
Toll free: 1 800.667.3535
Fax: +1 306.347.8580
Email: info@cpask.ca
Web site: www.cpask.ca

Institute of Chartered Accountants of the Yukon Territory
c/o Institute of Chartered Accountants of British Columbia
800 – 555 West Hastings Street
Vancouver, British Columbia V6B 4N6
Phone: +1 604.872.7222
Fax: +1 604.681.1523
Email: info@bccpa.ca
Web site: www.bccpa.ca

APPENDIX 1: CERTIFICATION BY A US STATE BOARD OF ACCOUNTANCY

Re:

Print Applicant's Name

In connection with the above named person, application for membership in the Institute/Ordre of Chartered Accountants of , information relating to membership status as a Certified Public Accountant in the State Board of is given below:

Registered name (in full):

Date CPA certificate awarded: Certificate no:

Applicant currently holds a licence issued by the Board: Yes No

Applicant currently holds a certificate to practice issued by the Board: Yes No

Academic Qualifications: University:

The CPA was gained by:

- virtue of passing the uniform AICPA final examination on (mm/dd/yy): while being a resident of (please indicate State/Country):

OR

- affiliation (please indicate the qualifying body):

CONFIRMATION

The person named above is in good standing with the State Board and we know of no reason why membership in the Institute/Ordre of Chartered Accountants of should not be granted.

If such information cannot be given, please explain:

Name of State Board:

Name and position:

Signature:

Date:

Please Affix Official Stamp or Seal

The state board is to return the completed document directly to the Institute/Ordre.

APPENDIX 1: CERTIFICATION OF MEMBERSHIP IN AN ACCOUNTING BODY OUTSIDE CANADA

Re:

Print Applicant's Name

In connection with the above named person, application for membership in the Institute/Ordre of Chartered Accountants of information relating to membership status in this accounting body is given below:

Registered name (in full):

Membership admission date:

Academic Qualifications:

University:

This membership was gained by:

- completing prescribed practical experience of: years
- virtue of passing the qualifying examination(s) on (mm/dd/yy):
while being a resident of (please indicate country):
- affiliation (please indicate):
 - a) name of qualifying body:
 - b) any examinations written:

CONFIRMATION

The above named person is a member in good standing or resigned in good standing from this accounting body and we know of no reason why membership in the Institute/Ordre of Chartered Accountants of: should not be granted.

If such information cannot be given, please explain:

Name of State Board:

Name and position:

Signature:

Date:

Please Affix Official Stamp or Seal

The accounting body is to return the completed document directly to the Institute/Ordre.