

# Application for Associate Membership on the Basis of Provincial Transfer (Form 4-1E)

CPA CANADA No.:

Complete this form if you are applying for membership on the basis of holding a Canadian Chartered Professional Accountant and/or Canadian Chartered Accountant designation as indicated in Regulation 4.1, s. 2.5.2.

All information and documentation required by this application **MUST** be submitted in full by the applicant. Certain information is required for statistical and other reporting needs of CPA Ontario. Incomplete applications will **NOT** be processed.

Before completing this form, please read all parts in the order that they have been listed, then follow the directions as they apply to you.

If you hold an active public accounting licence with another provincial Institute of Chartered Accountants, a CPA Provincial Body or other authorized licensing body in Canada and would like to apply on the basis of your existing entitlement to practice public accounting in the province or territory of that provincial accounting body, please complete and submit Public Accounting Licence New Application Package Form 9-1A after admission ([www.cpaontario.ca/Forms/1008page6867.pdf](http://www.cpaontario.ca/Forms/1008page6867.pdf)).

For questions relating to this form, please contact Customer Service at [customerservice@cpaontario.ca](mailto:customerservice@cpaontario.ca) or by telephone during business hours (Monday to Friday 8:30 a.m. – 5 p.m.) at 416 969.4322 or 1 800 387.0735, ext. 4322.

Please submit your completed application and fee payment to:

**CPA Ontario**

Attn: Office of the Registrar  
69 Bloor Street East  
Toronto, ON M4W 1B3

Note: Chartered Professional Accountants of Ontario (“CPA Ontario”) is the registered name of The Institute of Chartered Accountants of Ontario.

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## A. BASIS OF APPLICATION

Please select ONE of the following:

I am applying for membership with CPA Ontario on the basis of being a Canadian Chartered Professional Accountant and/or Canadian Chartered Accountant in another provincial body.

### Membership Details:

Name of Provincial body:

Designation held (check all that apply):            CPA            CA            CMA            CGA

Date admitted to Membership (mm/dd/yyyy):    /    /

All applicants are required to provide confirmation of their membership in the province/territory of the provincial body. Such confirmation must be provided directly by the provincial body in prescribed form (4-1F). Applicants are solely responsible for contacting their body and requesting that confirmation be provided directly to CPA Ontario.

The confirmation form (4-1F) is available on CPA Ontario’s website in the Resources, Forms section.

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## B. PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(as registered with your provincial body) (as registered with your provincial body)

Date of Birth (mm/dd/yyyy):    /    /

Residential Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Country: \_\_\_\_\_

Please use this as my preferred mailing address.

Residential Tel: \_\_\_\_\_ Residential Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

University Degree held: \_\_\_\_\_ Date Degree Conferred (mm/dd/yyyy):    /    /

University: \_\_\_\_\_

Please attach a copy of proof of your legal name with this application form. Satisfactory evidence of legal name includes a copy of any one of the following: birth certificate (or equivalent), passport, both sides of a Canadian citizenship certificate card or landed immigrant papers. If the name under which you are applying to register is different from that which appears on the document submitted as proof of legal name, a copy of the document supporting the change of legal name, endorsed with "this is a certified true copy" signed and dated, is required.

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## C. CURRENT EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Country: \_\_\_\_\_

Please use this as my preferred mailing address.

Employment Tel: \_\_\_\_\_ Employment Fax: \_\_\_\_\_

Employment start Date (mm/dd/yyyy):    /    /

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## D. REGISTERED PRACTICE

Please select **ONE** of the following:

I work in business, industry, government or academia. I do not have or am not engaged in or associated with a practice (proprietorship, partnership, limited liability partnership or professional corporation) through which public accounting services or other accounting services are offered to the public.

I work in business, industry, government or academia. I have or am engaged in or associated with a practice (proprietorship, partnership, limited liability partnership or professional corporation) through which public accounting services or other accounting services are offered to the public. I understand that I will need to register this practice with CPA Ontario after my admission to membership.\*

I do not work in business, industry, government or academia. I have or am engaged in or associated with a practice (proprietorship, partnership, limited liability partnership or professional corporation) through which public accounting services or other accounting services are offered to the public. I understand that I will need to register this practice with CPA Ontario after my admission to membership.\*

I do not work in business, industry, government or academia. I am an employee in a practice (proprietorship, partnership, limited liability partnership or professional corporation) that provides public accounting services or other accounting services to the public.

\*Name of practice:

\*Full mailing address of practice:

Postal Code:

City:

Province/Territory:

Country:

\*Practice Structure:

\*Please complete and attach the relevant forms required to register a practice. Forms are available on the website at [cpaontario.ca](http://cpaontario.ca) under Resources, Forms.

Pursuant to Regulation 4-6, no Member shall engage in the practise of public accounting or provide accounting services to the public without the practice being registered as a Firm of CPA Ontario.

Please refer to the definitions that follow regarding the practice of public accounting and providing accounting services to the public. "practice of public accounting" means the provision of the services described in s. 2 of the *Public Accounting Act, 2004*, excluding any exceptions to services listed in s. 3 of that *Act*.

"providing accounting services to the public" includes:

- (i) the performance of any engagement addressed by standards in the *CPA Canada Handbook - Assurance* for which a licence is not required under the *Public Accounting Act, 2004* to perform the engagement;
- (ii) accounting insofar as it involves analysis, advice and interpretation in an expert capacity, but excluding record keeping;
- (iii) taxation, insofar as it involves advice and counselling in an expert capacity, but excluding mechanical processing of returns;
- (iv) compilation services, if it can reasonably be expected that all or any portion of the compilation or associated materials prepared by the Member providing the service will be relied upon or used by a third party, whether or not a licence is required under the *Public Accounting Act, 2004*; and
- (v) such other services and activities as may be included by the Council by resolution from time to time;

and all references in the Rules of Professional Conduct to "public accounting" shall be read as though they were also references to "providing accounting services to the public"

## E. APPLICANT DECLARATIONS & CONSENT

All declarations **MUST** be completed as either TRUE or FALSE (where applicable):

1. TRUE FALSE I am a Member in good standing with the provincial body specified in section A above.
2. TRUE FALSE I am not the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in respect of a disciplinary matter.

If **FALSE** to declarations 1 and 2, please include a separate memorandum to explain your circumstances.

I declare that the information contained on this form is true and complete. I declare that I will comply with the provisions of the *Chartered Accountants Act, 2010*, and with the Bylaws, Regulations, Rules of Professional Conduct. I authorize CPA Ontario to contact the accounting body specified in Part A above and to make inquires and/or obtain information in relation to this application and my responses throughout. I understand that the information collected by this application may be shared with CPA Ontario committees. I further authorize the accounting body specified above to release such information.

Print Full Name X \_\_\_\_\_ / /  
Signature Date (mm/dd/yyyy)

### Privacy Statement:

A Member of CPA Ontario has the right to privacy in respect of information of a personal nature known to CPA Ontario that is unrelated to membership status or not required to be disclosed in respect of the fulfillment of regulatory responsibilities. CPA Ontario may disclose your personal information to provincial accounting bodies and the Public Accountants Council for the Province of Ontario for the purposes of providing services to firms, members, students and applicants and to third-party service providers, for the purpose of providing Member benefits.

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## F. FEE REMITTANCE & PAYMENT OPTIONS

### Annual Membership Fee:

Please select **ONE** option:

Note: Please allow 4-6 weeks for admission to membership after completed application is received.

I have paid the full annual provincial membership fee for this year to another provincial body. Admission to membership in CPA Ontario will be between April 1 and September 30. I thereby remit a payment of \$327.70 (\$290.00 + \$37.70 HST) on account of **reduced annual membership dues**.

I have paid the full annual provincial membership fee for this year to another provincial body. Admission to membership in CPA Ontario will be between October 1 and March 31. I thereby remit a payment of \$163.85 (\$145.00 + \$18.85 HST) on account of **reduced annual membership dues**.

I have not paid the full annual provincial membership fee for this year to another provincial body. Admission to membership in CPA Ontario will be between April 1 and September 30. I thereby remit a payment of \$655.40 (\$580.00 + \$75.40 HST) on account of **annual membership dues**.

I have not paid the full annual provincial membership fee for this year to another provincial body. Admission to membership in CPA Ontario will be between October 1 and March 31. I thereby remit a payment of \$327.70 (\$290.00 + \$37.70 HST) on account of **annual membership dues**.

Please select **ONE** option:

I have paid the CPA Canada fee for this year to another provincial body. I thereby remit a payment of \$nil on account of the **CPA Canada fee**.

I have not paid the CPA Canada fee for this year to another provincial body. I thereby remit a payment of \$429.40 (\$380.00 + \$49.40 HST) on account of the **CPA Canada fee**.

Amount Paid: \$

HST# 10750 8525 RT0001

**Important: Please do not email your credit card information. We are unable to process any credit card payment via email.**

Credit Card or Interac: To pay by credit card or Interac please visit [cpaontario.ca/pay4-1E](http://cpaontario.ca/pay4-1E)

Personal Cheque: To pay by cheque, record your CPA Ontario ID on the cheque and make it payable to **Chartered Professional Accountants of Ontario**

Electronic Funds Transfer (EFT): Contact your financial institution to set up this option. The payment listing is available under "Chartered Professional Accountants of Ontario". **Please use your CPA Ontario ID as your account number.**

### Privacy Statement

CPA Ontario is committed to respecting your privacy and protecting your personal information. The collection, use and disclosure of your personal information that may be made by CPA Ontario is described in CPA Ontario's [Privacy Policy](#). The information collected in CPA Record Request is used primarily for the purposes of reinstatement of student registration.