



Provincial Body or Recognized Professional Accounting Body Confirmation Form

To be completed by member

I, \_\_\_\_\_ authorize the provincial body or recognized professional accounting body named below to release information in relation to my application for Membership on the Basis of Provincial Affiliation.

X \_\_\_\_\_ / /
Signature Date (mm/dd/yyyy)

To be completed by provincial body or recognized professional accounting body

CPA Canada Number:

REGARDING: \_\_\_\_\_ (full name as registered)

We, \_\_\_\_\_ (name of provincial body or recognized professional accounting body)

confirm that the individual named above:

Yes No is a Member in good standing;

Yes No is not the subject of any complaint, investigation, proceeding, finding, order or settlement in any jurisdiction relating to the competence, conduct or character of the member including criminal proceedings where the subject of the criminal proceeding relates to the competence, conduct or character of the member.

If no to any of the above, please explain in sufficient detail and add supplementary schedules as necessary:

In addition, we certify the following membership details:

A. Membership date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This membership was gained by virtue of completing the education, examination and experience requirements of the following program (check one):

CPA CA CGA CMA

Other. Please explain:

B. Pathway to membership:

C. Designation(s) held: CPA CA CGA CMA

Fellowship awarded: Yes No Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

D. Membership fees paid in full for fiscal year ending \_\_\_\_\_ and consisting of (select all that apply):

CPA Canada fee provincial body or recognized professional accounting body fee



E. Has the member ever been revoked from membership?                      Yes                      No

If Yes, please provide dates (mm/dd/yyyy):                      /                      /

Other comments:

We know of no reason why membership with the Chartered Professional Accountants of Ontario should not be granted.

	X _____	/	/
Name of Authorized Party (on behalf of provincial body or recognized professional accounting body)	Signature	Date (mm/dd/yyyy)	

Please submit a completed form by email to [cpaoregistrar@cpaontario.ca](mailto:cpaoregistrar@cpaontario.ca) or by mail to the address noted above, Attention: Registrar's Office.

