



Practice Inspection Review – Public Accounting (PA) Experience

P.I. No.: 1 9

CPA Ontario ID.:

Licensee Name:

Address:

PA Licence No.: - Licence Expiry Date (mm/dd/yyyy): / /

Employment History – Within the past 5 years prior to October 31, 2018:

Name of public accounting firm:

Address:

In what capacity were the hours acquired?: Sole Practitioner Partner Manager Professional Staff

Date of employment from (mm/dd/yyyy): / /

Name of public accounting firm:

Address:

In what capacity were the hours acquired?: Sole Practitioner Partner Manager Professional Staff

Date of employment from (mm/dd/yyyy): / /

to (mm/dd/yyyy): / / Consisting of months

Name of public accounting firm:

Address:

In what capacity were the hours acquired?: Sole Practitioner Partner Manager Professional Staff

Date of employment from (mm/dd/yyyy): / /

to (mm/dd/yyyy): / / Consisting of months

If more than 3 previous employers, attach a separate page.

The following section must be fully completed. Record only hours that have been completed for the twelve month period ended October 31, 2018.

The following public accounting services were provided while participating in a recognized capacity with a public accounting practice:		
Assurance (including auditing and review engagements), including assurance procedures performed on a per diem basis for a public accounting practice other than your own		chargeable hours
Compilations accompanied by the prescribed Notice to Reader Communication		chargeable hours
Total		chargeable hours

I certify that the information provided above is correct in all respects.

Print Licensee Name

/ /
Date (mm/dd/yyyy)

For Office Use Only C NC