

PROVINCIAL BODY CONFIRMATION APPLICATION FOR MEMBERSHIP ON THE BASIS OF PROVINCIAL AFFILIATION

Section 1 – REGISTRANT CONSENT

To be completed by member:

I, _____ authorize the provincial body named below to release information in relation to my application for Membership on the basis of affiliation with a **recognized provincial regulatory body**.

_____ Date (mm/dd/yyyy) ____/____/____ DOB (mm/dd/yyyy) ____/____/____
Signature

Email address: _____

Section 2 – DETAILS OF PROVINCIAL AFFILIATION

To be completed by provincial body:

We, _____ confirm that the individual named above is a member in good standing of this provincial body. Additional information provided below:

Registered Name (in full): _____ CPA Canada #: _____

Basis of Admission: please select the appropriate legacy designation

Legacy CMA Education Program

- Year individual successfully completed CMA Education Program: _____
- Practical experience duration (if applicable): months required ____ months completed ____
- Province of first membership and date: Province _____ Date (mm/dd/yyyy) ____/____/____

Legacy CGA Education Program

- Year individual successfully completed CGA Education Program: _____
- Practical experience duration (if applicable): months required ____ months completed ____
- Province of first membership and date: Province _____ Date (mm/dd/yyyy) ____/____/____

CFE/UFE student

- Year individual successfully completed CFE/UFE (circle one): _____
 - CPA Electives: _____
 - CFE Role: _____
 - CFE Depths: _____

- Path of practical experience used for basis of CPA/CA admission

Months in Pre-approved Program: _____

- Name of Pre-approved Program: _____

Months in Experience Verification: _____

Months in Secondment: _____

- Nature of Secondment: _____

Depth achieved in _____

Core achieved in _____

Breadths achieved in _____ and _____

Enabling: Met

- Chargeable Hours:

Audit of Historical Financial Information	
Review of Historical Financial Information	
Other Assurance	

Compilation	
Tax	
Other	

Section 2 – DETAILS OF PROVINCIAL AFFILIATION continued

Affiliation with another provincial regulatory body

- Name of provincial regulatory body: _____
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

Foreign Candidate

- Name of foreign accounting organization: _____
- Date individual successfully completed CPARE CPARPD _____
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

Other – please describe on a separate sheet

In addition, we certify the following membership details:

A. Membership date (mm/dd/yyyy): ____ / ____ / ____

B. Designation held (select all that apply): CPA CA CGA CMA

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

CPA Canada (prime) Resident Affiliate

D. Academic Qualifications

Degree Granted	Name of University	Date Granted

E. Member has consistently completed Continuing Professional Development (CPD) in accordance with this body's CPD requirements: Yes No . If "No", the CPD deficiencies are as follows:

Please indicate whether the member has ever been the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in the comment area below. Please indicate if there are any disciplinary actions against this member and whether the member has been restricted/ suspended/expelled/terminated for any reason other than non-payment of fees. Please provide any additional information regarding this individual's membership on a separate sheet if necessary.

Comments:

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

Name of Authorized Party (on behalf of provincial body)

Provincial Body

x _____
Signature

Date (mm/dd/yyyy) ____ / ____ / ____

Please send your signed form to verify@cpaalberta.ca to be completed.