

Section 1 – HANDLING INSTRUCTIONS

Distribution method Sent directly to registrant Send directly to the third party requiring verification (indicated in section 3 below). An email copy will also be provided to the registrant

Verification required by (mm/dd/yy) _____

Section 2 – REGISTRANT

CPA Alberta Member # _____

Name of Registrant _____ Designation(s) CA CGA CMA CPA

Registrant Category: Member Professional Accounting Firm Professional Corporation

Street address _____

City _____ Province _____

Postal Code _____ Email _____

Section 3 – THIRD PARTY seeking verification (if applicable)

Name of Third Party _____ To Whom It May Concern

Business name _____

Street address _____

City _____ Province _____

Postal Code _____ Email _____

Section 4 – TYPE OF VERIFICATION (select one)

- SHORT FORM** Provides the registrant's current standing (including conditions and restrictions, if any) and date of admission. PLEASE NOTE: Professional Accounting Firms and Professional Corporations can only receive this type of verification.
- LONG FORM** Provides information on how the registrant's designation was obtained (e.g., practical experience, exam requirements, etc.) as well as information regarding the registrant's specific means of admission to membership. The long form will also indicate the registrant's current standing (including conditions and restrictions, if any) and date of admission.

Section 5 – AUTHORIZATION

I authorize CPA Alberta to release the information as indicated in the above request for verification of registration.

Signature of Registrant Date

PAYMENT (if applicable)

Current Registrant	Former Registrant
<input type="checkbox"/> No Charge Normal processing (3-10 business days)	<input type="checkbox"/> \$50 (plus GST) Short form or long form (normal or rush processing)
<input type="checkbox"/> \$50 (plus GST) Rush processing (48 hours)	

Accepted methods of payment and submission:

Email: No charge verifications can be emailed to verify@cpaalberta.ca

By Cheque: Payable to CPA Alberta and attach a copy of this form . Please send to the address below.

Edmonton	Calgary
1900 TD Tower 10088 – 102 Avenue	444 – 7 Ave SW
Edmonton, AB T5J 2Z1	Calgary, AB T2P 0X8

By Credit card

Online: Please log in online to the member portal using your CPA Alberta Membership credentials and navigate to **Action centre -> Service Request** menu. Select **verification of registration** under the payment type and enter the **payment amount** (system will auto calculate your GST). Navigate to **supporting document** and upload the completed copy of this form.

By Phone: 1-800-232-9406 and request for the Finance department to provide your credit card information. Submit the completed form to verify@cpaalberta.ca.