

Verification of Post-Qualification Experience Certificate

This practical experience certificate is to be completed by eligible members of CPA Canada who obtained their CPA designation by virtue of completing the education, examination and experience requirements of the legacy Certified General Accountants (CGA) program or Certified Management Accountants (CMA) program applying for admission to membership in one of the member body, as described below. Once completed and filed with the member body, the Certificate will be used to determine whether the applicant has fulfilled the prescribed practical experience requirements for admission to membership in the member body and for the granting of the CA/ACA designation in the member body.

A 'member body' is one of the following professional accountancy bodies:

- Chartered Accountants Ireland
- Chartered Accountants Australia and New Zealand
- Hong Kong Institute of Certified Public Accountants
- Institute of Chartered Accountants in England and Wales
- Institute of Chartered Accountants of Scotland
- Institute of Chartered Accountants of Zimbabwe
- South African Institute of Chartered Accountants

The applicant must have the necessary two (2) years of relevant post-qualification experience. The experience must involve the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. The experience may be from employment in public practice, private industry, non-profit, or government and must be at least two (2) years of full-time or equivalent part-time experience, or a combination of these.

The purpose of practical experience is to develop breadth, depth and progression in specified competencies over the length of the post experience period. The applicant, after completion of the two-year post qualification experience, must be able to demonstrate the core values and skills outcomes as defined in PA7 of Section E of the GAA Framework document (see Section II).

Instructions

Section II – Member in good standing with a “member body” attest

A current member in good standing of a Canadian provincial/regional CPA body or a “member body” as defined above, is required to verify that the applicant, after completion of the two-year post-qualification experience, is able to demonstrate the core values and skills outcomes as defined in PA7 of Section E of the GAA Framework document (provided in Section II). The member must have personal knowledge of the applicant’s experience reported by the applicant on this certification form.

Section III – Canadian provincial/regional CPA body attest

The Canadian provincial/regional CPA body will sign off on the validity of the post-qualification experience based on a due diligence review of the applicant’s resume and letters of confirmation from the employer(s).

Appendix 1 – Employers’ attest

The employers will attest the applicant’s employment history (position, nature, and duration of experience) on the form found in Appendix 1 and return the completed form to the provincial/regional CPA body. It is the responsibility of the applicant to ensure that those forms are completed and returned to the provincial/regional CPA body. Each employer must fill in a separate form.

The information on this form is collected, stored and used in accordance with any privacy legislation in the province/region from which you are requesting, and is collected for the purpose of processing your application for membership with a foreign accounting body. Questions about the collection and use of the information should be directed to the Privacy Officer of the provincial/regional body from which you are requesting verification.

SECTION I: TO BE FILLED IN BY THE APPLICANT

Complete the form and send to the province/region where you intend to seek registration.

A. PERSONAL INFORMATION

CPA Canada ID:

Registered Name:

Family name:

Given name(s):

Personal Email:

Check if this is your preferred email address

Postal address: Unit:

City: Province/State:

Postal Code: Country:

Residential Phone:

Check if this is your preferred mailing address

B. CURRENT EMPLOYMENT

Employer Name: Position Title:

Employer Address: Unit:

City: Province/State:

Postal Code: Country:

Employment Phone: Employment Fax:

Employment Email:

Check if this is your preferred mailing address Check if this is your preferred email address

C. LEGACY CGA / CMA QUALIFICATIONS:

Earned membership through: Legacy CGA program Legacy CMA program

For legacy CGA, the membership was gained by passing the qualification examinations on:

PA1: (mm/dd/yyyy) PA2: (mm/dd/yyyy)

For CMA, membership was gained by passing the Case Examination on: (mm/dd/yyyy)

D. POST-QUALIFICATION WORK EXPERIENCE

Provide a detailed, chronological resume of your work experience

Starting with the most recent, provide the following information as it pertains to your work experience for the last five years. The employer must attest the validity of the information given in Appendix I and send back the information directly to the provincial/regional CPA body. **It is the applicant's responsibility to follow-up on the employer's attestation.**

Employer name	Position and nature of experience	Duration of experience (mm/yyyy to mm/yyyy)

E. APPLICANT'S DECLARATION AND SIGNATURE

I declare that the above information and all other information given in this form are true and correct. I acknowledge and agree that it is my responsibility to provide the provincial/regional CPA body (the body) with all required information and documentation acceptable to the body. I further acknowledge and agree that the body may not consider this application to be complete in all respects and may not process, assess or accept this application if any of the required information or documentation acceptable to the body has not been filed with the body. I hereby certify that the personal information I have provided to the body is accurate and has been freely given. I authorize the body to use this information for administration purposes and I understand that all information will be treated confidentially. I authorize the body to verify the information provided or to obtain from the organizations concerned any information relevant to this application.

Print Name

Signature

Date (mm/dd/yyyy)

SECTION II: TO BE COMPLETED BY A MEMBER IN GOOD STANDING OF A CANADIAN CPA PROVINCIAL/ REGIONAL BODY OR A MEMBER IN GOOD STANDING OF A “MEMBER BODY”

For the purposes of registration with , I have agreed to attest the post qualification experience of

(Print full legal name of applicant):

I have known the aforementioned applicant for (specify) years.

Please explain in detail the degree and length of your familiarity with the applicant. Explain why you can confirm that you have detailed knowledge of the applicant’s experience, over the required two-year period. Attach additional pages if required:

Does the applicant’s background include qualifying experience in providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax, or consulting skills?

Yes No

PA7 OF SECTION E OF THE GAA FRAMEWORK DOCUMENT

The applicant is capable of:

Cognitive Appreciative	YES	NO
Applying professional scepticism and a critical approach to business problems	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating a proactive approach to work and client affairs	<input type="checkbox"/>	<input type="checkbox"/>
Thinking laterally and applying a creative and integrated approach to problem solving	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating an ability to achieve professional commitments by prioritising tasks and managing time and resource constraints	<input type="checkbox"/>	<input type="checkbox"/>
Applying the concept of materiality to all professional actions	<input type="checkbox"/>	<input type="checkbox"/>

Cognitive Analytical	YES	NO
Accessing, managing and evaluating information from multiple sources and perspectives	<input type="checkbox"/>	<input type="checkbox"/>
Applying research skills to generate appropriate evidence	<input type="checkbox"/>	<input type="checkbox"/>
Applying professional judgement to evaluate alternatives, reaching well-reasoned conclusions supported by evidence	<input type="checkbox"/>	<input type="checkbox"/>
Applying reasoning, critical analysis and innovative thinking to recommend solutions to unstructured or complex problems	<input type="checkbox"/>	<input type="checkbox"/>
Identifying when to seek assistance from experts or consult with specialists to solve problems and reach conclusions	<input type="checkbox"/>	<input type="checkbox"/>
Applying appropriate tools and technology to increase efficiency and effectiveness and improve decision making	<input type="checkbox"/>	<input type="checkbox"/>

Behavioural Self-Management/Personal	YES	NO
Demonstrating an even-handed and tolerant approach showing an awareness of cultural and language differences	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating an independence of thought	<input type="checkbox"/>	<input type="checkbox"/>
Handling enquiry effectively	<input type="checkbox"/>	<input type="checkbox"/>
Handling pressure and understanding the impact of pressure on others	<input type="checkbox"/>	<input type="checkbox"/>
Developing a sense of professional integrity	<input type="checkbox"/>	<input type="checkbox"/>
Anticipating challenges and planning potential solutions which are appropriate to the situation	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating a commitment to lifelong learning	<input type="checkbox"/>	<input type="checkbox"/>
Setting high personal standards of delivery and monitoring personal performance, through feedback from others and through reflective activity.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating an open minded and adaptable approach to business problems and new opportunities	<input type="checkbox"/>	<input type="checkbox"/>

Behavioural Inter-personal	YES	NO
Listening attentively and applying effective interviewing techniques to clarify understanding of key facts and requirements	<input type="checkbox"/>	<input type="checkbox"/>
Communicating in a clear and concise manner which is appropriate to the audience and situation both in writing and orally	<input type="checkbox"/>	<input type="checkbox"/>
Understanding the importance of team dynamics and displaying cooperation and teamwork when working towards organisational goals.	<input type="checkbox"/>	<input type="checkbox"/>
Presenting ideas and influencing others through effective communication to provide support and commitment	<input type="checkbox"/>	<input type="checkbox"/>
Undertaking a negotiation to an acceptable agreement whilst demonstrating ethical behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Applying consultative skills to minimise or resolve conflict, solve problems, and maximise opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing own work and that of others to determine whether it complies with the organisation's quality standard	<input type="checkbox"/>	<input type="checkbox"/>
Applying people management skills to motivate and develop others	<input type="checkbox"/>	<input type="checkbox"/>
Applying leadership skills to influence others to work towards organisational goals	<input type="checkbox"/>	<input type="checkbox"/>
Applying delegation skills to deliver assignments within identified deadlines	<input type="checkbox"/>	<input type="checkbox"/>

Behavioural Organisational	YES	NO
Appreciating and operating within the culture of their employer	<input type="checkbox"/>	<input type="checkbox"/>
Understanding the needs of customers and clients	<input type="checkbox"/>	<input type="checkbox"/>
Planning, resourcing, managing and controlling projects to employers' guidelines and standards to deliver key outcomes and meet identified deadlines	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that I am a current CA, ACA, or CPA member in good standing with ,
and have been a good standing member of for years.

Print Name

Signature

Date (mm/dd/yyyy)

SECTION III: TO BE COMPLETED BY THE PROVINCIAL/REGIONAL CPA BODY CONFIRMATION

I, (full legal name) with CPA Canada ID
request and authorize CPA to attest to the accuracy of the information
about my post-qualification experience for the purposes of my application for membership with .

The applicant has the necessary two (2) years of relevant post-qualifying experience. The experience involved the use of accounting, attest, management advisory, financial advisory, tax, or consulting skills. The experience has been at least two (2) years of full-time or equivalent part-time experience, or a combination of these.

Name of the provincial/regional CPA body:

Name:

Position:

Signature:

Date:

Please Affix Official Stamp or Seal

The provincial/regional CPA body will return the completed document directly to the Institute where the applicant is applying.

APPENDIX 1: POST-QUALIFICATION EXPERIENCE CERTIFICATE FORM

Complete a separate form for each employer. Section B must be confirmed by the employer. The employer must send this form directly to the provincial/regional CPA body.

I, (full legal name) ,
 with CPA Canada ID , request and authorize my former
 or current employer, (employer name) to attest to
 the accuracy of the information about my employment history for the purposes of my application for membership
 with (member body) .

I declare that the information provided on this experience certification form and on any documents attached to this experience certification is true and correct.

Print Name

Signature

Date (mm/dd/yyyy)

A. Employment Information:

Employer or Practice Name:

Employer or Practice Address:

Employer or Practice Tel: Employer or Practice Fax:

Date Employment Commenced: Date Employment Ended:

(mm/dd/yyyy)

(mm/dd/yyyy)

The employer must attest the validity of the information given here and send back the information directly to the provincial/regional CPA body. It is the applicant's responsibility to follow-up on the employers' attestation.

Position or Role	Nature of experience (responsibilities, seniority, etc.)	Duration of experience (mm/yyyy to mm/yyyy)

B. Third party verification:

Third-party verification is required of the previous experience position(s) held, the description of the place of employment or practice and the specific responsibilities carried out or functions performed. Such verification must be made directly on this form in the place indicated below.

The third party verifier must be a person to whom the applicant directly reported or was otherwise directly accountable in the applicant's carrying out of his or her responsibilities or in the performance of his or her job functions described on this certification form. If the person to whom the applicant directly reported or was directly accountable is no longer available to provide the verification, such verification may be made by

- a person who is currently an appropriately senior manager, executive, officer, partner or director of the place of employment, or
- a person who is in a management, executive or oversight role with the professional services practice,

AND

- has personal knowledge of the applicant's having held the position(s) reported by the applicant on this certification form and the applicant's having held the responsibilities carried out or performed the functions indicated for such position(s), or
- has access to the applicable records or documentation of the place of employment or practice and has verified following review or inspection of such records that the applicant held the position(s) reported on this certification form and carried out the responsibilities or performed the functions reported on this certification form.

Print Attester's Name

Attester's Signature

Date (mm/dd/yyyy)

Title of position held:

Accounting designation, if any:

Attester's Tel:

Attester's Email:

Attester's Fax:

OR

If there is no person who would be available to provide the verification, the applicant may in lieu of such verification provide an affidavit sworn before a notary public or commissioner for oaths attesting to the truthfulness and accuracy of the information provided on this experience certification form. Please explain why there is no person available.

AFFIDAVIT

Applicant — please sign below before a Notary Public

I, the above named applicant:

Attest that the foregoing information is correct to the best of my knowledge.

Applicant Signature

NOTARY SEAL

Signed or attested to before me on:

By

Notary Signature

My appointment expires:

Contact the provincial/regional CPA body in which you want to apply to obtain details relating to your application.

Chartered Professional Accountants of Alberta
1900 TD Tower
10088 - 102 Avenue
Edmonton, Alberta T5J 2Z1
Toll free: +1 780.424.7391
Fax: +1 780.425.8766
Email: info@cpaalberta.ca
Web site: www.cpaalberta.ca

Chartered Professional Accountants of Bermuda
Penboss Building, 50 Parliament Street
Hamilton HM 12, Bermuda
P.O. Box HM 1625, Hamilton HM GX, Bermuda
Phone: +1 441.292.7479
Fax: +1 441.295.3121
Email: info@cpabermuda.bm
Web site: www.cpabermuda.bm

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800 – 555 West Hastings Street
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RBC Waterside Centre
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Web site: www.cpans.ca

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Fax: +1 (416) 962.8900
E-mail: ITARegistration@cpaontario.ca
Web site: www.cpaontario.ca

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600 – 97 Queen Street
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Charlottetown, Prince Edward Island C1A 7K7
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5, Place Ville Marie, bureau 800
Montréal (Québec) H3B 2G2
Phone: +1 514.288.3256 ext. 2601
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Fax: +1 514.843.8375
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Web site: www.cpaquebec.ca

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101 – 4581 Parliament Avenue
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