

Application for Public Practice License 2023-2024

PERSONAL INFORMATION

Full Legal Name: _____
 Preferred Name (optional): _____
 Date of Birth (mm/dd/yy) (optional): _____
 Gender (M/F) (optional): _____
 Member ID: _____

DEMOGRAPHIC INFORMATION

Residential Mailing Address: _____
 Business Mailing Address: _____

Name of Employer (if applicable): _____

Position Title: _____

Start Date: _____
mm/dd/yyyy

Residential Phone: _____ Business Phone: _____
 Residential Email: _____ Business Fax: _____
 Business Email: _____

Preferred Mailing Address: Residential Business
 Preferred Email Address: Residential Business

Partner/sole practitioner in public practice Education Industry Other
 Employed in public practice Government Retired

BACKGROUND INFORMATION

Citizenship Status (check one):

Canadian Citizen
 Lawfully permitted to work or study in Canada
 Other (please explain): _____

COMMON FINAL EXAM

Date Passed (dd/mm/yy): _____
 Location where written: (City) _____
 Exam Passed (ie UFE, CMA, CGA, CFE): _____
 Electives Completed:
 Tax Assurance Finance Performance Management
 Did you obtain depth and breadth in financial reporting? Yes No

EMPLOYMENT & LICENSE INFORMATION

Are you employed at a registered firm? Yes No *
 Firm Name: _____
 Firm Address: _____

Have you practiced public accounting in the past? Yes No
 Did you require/were you previously licensed? Yes No
 Province where you previously held a license: _____
 Dates you previously held license: _____ to _____

Have you completed 1,250 chargeable hours of practice as a public accountant within the immediate preceding five years? * *

Hours for March 31, 2023 _____ Hours for March 31, 2020 _____
 Hours for March 31, 2022 _____ Hours for March 31, 2019 _____
 Hours for March 31, 2021 _____

* If no, then please supply proof of insurance.

** This may be prorated if license was first obtained less than 5 years from date of application.

FOR THOSE WHO HAVE NOT PREVIOUSLY HELD A LICENSE:

PRESCRIBED PRACTICAL EXPERIENCE REQUIREMENTS

Number of months of qualifying paid employment: _____
(more information may be required)

HOURS OF PRACTICAL EXPERIENCE

	Attestation	Review	Total Attestation & Review	Tax	Other	Total
Minimum chargeable hours	625		1,250	100		2,500
Chargeable hours recorded on the Experience Record						

DECLARATION OF COMPLIANCE

The following questions are being asked in conjunction with the requirement under the Rules. If answer is "yes" to any question below, details and documents must be provided for Registration and Licensing Committee consideration. In these cases, the two Chartered Professional Accountants listed above as references will be contacted.

1. While registered as a student, candidate or member of any Accountants' Institute, Association, Society or College, have you ever
 - (a) had a finding of unprofessional conduct against you through the discipline process of that organization? Yes No
 - (b) been involuntarily removed from the register of that organization? Yes No

2. Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors? Yes No

3. Have you ever been convicted of a criminal offence of any country? Yes No

4. At present, do you have any charges outstanding under the criminal law of any country? Yes No

5. Have you ever been found guilty of breaching a section(s) of securities regulatory authority legislation? Yes No

6. Have you ever been found guilty of an academic rules infraction at any post- secondary institution (including CPA Atlantic)? Yes No

INSURANCE & LICENSURE

When a licensee no longer requires a license or meets the requirements to hold a license (such as no longer covered by insurance), they should notify CPA PEI immediately to have the license cancelled.

DECLARATION

I do solemnly declare that all information given herein is true and that:

1. I am familiar with the provisions of the Rules of the Chartered Professional Accountants of Prince Edward Island as defined in Bylaw 58, and
2. I agree that if registered as a member I will be governed by the said Rules enacted, and to be made and enacted, by the Chartered Professional Accountants of Prince Edward Island, and
3. I consent and shall be deemed to have consented to any notification, publication or release of information in accordance with the Rules and CPA PEI's privacy policy.

I authorize CPAPEI to obtain such information concerning my education, training, experience and membership status, as you require to determine my eligibility for membership in the Chartered Professional Accountants of Prince Edward Island. I understand that the Registration and Licensing Committee may request additional information from me and that I may be requested to attend a meeting when my application is being considered.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of Applicant

Date

EMAIL CONSENT

- By checking this box, you agree and consent to receive electronically all communications that we provide in connection with your membership in CPAPEI and your use of our services.