



APPLICATION FOR ASSESSMENT OF ELIGIBILITY TO BECOME A CANDIDATE FOR THE PRACTICE OF THE PROFESSION UNDER A RECIPROCITY AGREEMENT (CPPRA) – DOCUMENT A

IMPORTANT

Before completing this application form, please read carefully the document entitled *for the information of holders of an accounting designation from countries other than Canada - How to become a chartered accountant (CA) in the Province of Québec under a reciprocity agreement.*

CONTACT INFORMATION

MADAM SIR

LAST NAME: _____ **USUAL FIRST NAME:** _____
(must be exactly the same as on legal documents) *(must be exactly the same as on legal documents)*

PREVIOUS NAME: _____
 If you have ever been known by another name, please provide such name and send proof of name change (i.e. copy of court decision, or marriage or divorce certificate)

PERMANENT ADDRESS:
No.: _____ **Street** Avenue Blvd. Road _____ **Apt.:** _____
City: _____ **Province/State:** _____
Country: _____ **Postal/Zip Code:** _____
Telephone (home): _____ **E-mail:** _____

OTHER INFORMATION REQUIRED

Date of birth: Month _____ Day _____ Year _____ **Canadian citizen:** YES NO

Languages spoken: FRENCH ENGLISH **Correspondence:** FRENCH ENGLISH

INFORMATION CONCERNING EMPLOYER

Name of employer: _____
Address of employer:
No.: _____ **Street** Avenue Blvd. Road _____ **Office No.:** _____
City: _____ **Province/State:** _____
Country: _____ **Postal/Zip Code:** _____
Telephone (work): _____ **Fax (work):** _____
Current position: _____

Check (✓) preferred mailing address: Home Work

DESIGNATED ACCOUNTING BODY IN WHICH MEMBERSHIP IS HELD

Please check (✓) the box corresponding to the designated accounting body outside Canada in which membership is or has been held. Please indicate the date of admission to membership and your certificate, licence or permit number, if applicable.

ACCOUNTING BODY	DATE OF ADMISSION			CERTIFICATE, LICENCE OR PERMIT NUMBER
	Month	Day	Year	
<input type="checkbox"/> The South African Institute of Chartered Accountants (SAICA) <i>Membership must also be held in a provincial society of chartered accountants in South Africa</i>	_____	_____	_____	_____
<input type="checkbox"/> The Institute of Chartered Accountants in Australia (ICAA)	_____	_____	_____	_____
<input type="checkbox"/> L' Institut des Reviseurs d'Entreprises — Belgique (IRE)	_____	_____	_____	_____
<input type="checkbox"/> Le Conseil Supérieur de l'Ordre des Experts-Comptables de France (OEC)	_____	_____	_____	_____
<input type="checkbox"/> The Instituto Mexicano de Contadores Públicos (IMCP)	_____	_____	_____	_____
<input type="checkbox"/> The Hong Kong Institute of Certified Public Accountants (HKICPA)	_____	_____	_____	_____
<input type="checkbox"/> The Japanese Institute of Certified Public Accountants (JICPA)	_____	_____	_____	_____
<input type="checkbox"/> The Institute of Chartered Accountants in Ireland (ICAI)	_____	_____	_____	_____
<input type="checkbox"/> The Institute of Chartered Accountants of New Zealand (ICANZ)	_____	_____	_____	_____
<input type="checkbox"/> The Nederland Instituut van Register Accountants (NIRA)	_____	_____	_____	_____
<input type="checkbox"/> The Institute of Chartered Accountants in England and Wales (ICAEW)	_____	_____	_____	_____
<input type="checkbox"/> The Institute of Chartered Accountants in Scotland (ICAS)	_____	_____	_____	_____
<input type="checkbox"/> The American Institute of Certified Public Accountants (AICPA); <i>Please provide the following information:</i>				
<input type="checkbox"/> Membership in the state CPA society in:				
_____	_____	_____	_____	_____
<i>State</i>	Month	Day	Year	
<input type="checkbox"/> CPA certificate issued by the:				
_____	_____	_____	_____	_____
<i>Name of State Board of Accountancy</i>	Month	Day	Year	

Please enclose a certified copy of your admission examination results conferred by the designated accounting body.

A member who obtained the CA or CPA designation by writing a reciprocity examination or by affiliation is not eligible.

PRACTICAL EXPERIENCE

The following information is required so that the Ordre des comptables agréés du Québec may assess your eligibility to become a Candidate for the practice of the profession under a reciprocity agreement (CPPRA). Please list all positions held (SECTION A) in the practice of public accounting or, as applicable, in accounting outside of public practice (SECTION B) in Canada or in another country (list sequentially, beginning with the most recent). Please attach an original letter or a copy of the *Experience Certification of Applicant Form – Document C* for **each employer**, confirming dates of employment and number of months of experience.

The Ordre reserves the right to contact directly each public accounting firm/office or other employer to obtain any necessary additional documents or information.

SECTION (A) PUBLIC ACCOUNTING FIRMS

1

NAME OF PUBLIC ACCOUNTING FIRM	
Mailing address	
City	Province/State
Country	Postal/Zip Code
Name of supervisor	
Telephone	Fax

EMPLOYMENT	
FROM	_____
TO	_____
Position	
Full time <input type="checkbox"/> Part time <input type="checkbox"/>	

2

NAME OF PUBLIC ACCOUNTING FIRM	
Mailing address	
City	Province/State
Country	Postal/Zip Code
Name of supervisor	
Telephone	Fax

EMPLOYMENT	
FROM	_____
TO	_____
Position	
Full time <input type="checkbox"/> Part time <input type="checkbox"/>	

3

NAME OF PUBLIC ACCOUNTING FIRM	
Mailing address	
City	Province/State
Country	Postal/Zip Code
Name of supervisor	
Telephone	Fax

EMPLOYMENT	
FROM	_____
TO	_____
Position	
Full time <input type="checkbox"/> Part time <input type="checkbox"/>	

SECTION (B) EMPLOYMENTS OTHER THAN IN PUBLIC ACCOUNTING FIRMS

1	<p>NAME OF FIRM _____</p> <p>Mailing address _____</p> <p>City _____ Province/State _____</p> <p>Country _____ Postal/Zip Code _____</p> <p>Name of supervisor _____</p> <p>Telephone _____ Fax _____</p>	<p style="text-align: center;">EMPLOYMENT</p> <p>FROM _____</p> <p>TO _____</p> <p>Position _____</p> <p>Full time <input type="checkbox"/> Part time <input type="checkbox"/></p>
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2	<p>NAME OF FIRM _____</p> <p>Mailing address _____</p> <p>City _____ Province/State _____</p> <p>Country _____ Postal/Zip Code _____</p> <p>Name of supervisor _____</p> <p>Telephone _____ Fax _____</p>	<p style="text-align: center;">EMPLOYMENT</p> <p>FROM _____</p> <p>TO _____</p> <p>Position _____</p> <p>Full time <input type="checkbox"/> Part time <input type="checkbox"/></p>
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3	<p>NAME OF FIRM _____</p> <p>Mailing address _____</p> <p>City _____ Province/State _____</p> <p>Country _____ Postal/Zip Code _____</p> <p>Name of supervisor _____</p> <p>Telephone _____ Fax _____</p>	<p style="text-align: center;">EMPLOYMENT</p> <p>FROM _____</p> <p>TO _____</p> <p>Position _____</p> <p>Full time <input type="checkbox"/> Part time <input type="checkbox"/></p>
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SUMMARY OF EXPERIENCE ON WHICH THE PRESENT APPLICATION IS BASED			
<p>Indicate length of experience previously acquired and on which your application of assessment of eligibility to become a CPPRA is based.</p>	_____	or	_____
	Years		Month
<p>How much, if any, of this experience was in public practice?</p>	<input type="checkbox"/> all	<input type="checkbox"/> some	<input type="checkbox"/> none
<p>If "some," specify number of months or years.</p>	_____	or	_____
	Years		Month

SIGNATURE OF APPLICANT

I hereby certify that the personal information I have provided to the Ordre is accurate and has been freely given. I authorize the Ordre to use this information for administration purposes and I understand that all information will be treated confidentially.

I consent to the Ordre verifying this information or obtaining from the organizations concerned any information relevant to this application.

I hereby declare that the information provided in this application is true and I have fully completed and duly signed said application.

X _____ Date _____
Signature of applicant

DOCUMENTS TO BE INCLUDED WITH APPLICATION

- Proof of legal name and date of birth: birth certificate, passport or any other document such as proof of Canadian citizenship or landed immigrant status. No photocopies accepted.
- A certified copy of the admission examination results conferred by the designated accounting body
- Personal résumé (optional)
- Payment* of application for evaluation fees totalling \$225.75 (taxes included) (non refundable).

The following documents have been transmitted to authorized persons and will be sent directly to the Ordre:

- Declaration of Designated Accounting Body – Document B
- Experience Certification of Applicant – Document C

**PLEASE FORWARD THIS FORM TOGETHER WITH
PAYMENT AND ALL REQUIRED DOCUMENTS TO:**

Ordre des comptables agréés du Québec
Education and Recruitment Vice-Presidency
680 Sherbrooke Street West, 18th floor
Montreal, Quebec H3A 2S3

Attention: Andrée Daoust, CA
Assistant Director

*Methods of payment accepted by the Ordre

CODE COMPTABLE : 1-4-10-63-330-4205

Cash - Interac: Accepted only for payments made at the Ordre's offices. Please do not send cash by mail.

Cheque: Company or personal cheque. Please make cheque payable to the **Ordre des comptables agréés du Québec** or **OCAQ**.

Visa **Mastercard** Name of card bearer: _____
Card number: _____ Expiration date: Month _____ Year _____

NOTICE. The information in this appendix is gathered for purposes of protecting the public, monitoring the conditions giving access to the issue of a permit of the Ordre and for registering as a Candidate for the practice of the profession under a reciprocity agreement (CPPRA), carrying out research, compiling statistics and conducting surveys. It is made available for these purposes to all members of the Ordre's various departments in the performance of their duties. The "contact" information contained herein may be transmitted to the Ordre's various mandataries including universities, training firms and the CICA, on the basis of each of these organizations' functions, to ensure that the regulations governing the reciprocity of the CA title are applied and that adequate supervision is provided. This information may also be used by the Ordre for organizational purposes or to offer you goods or services, unless the access officer at the Ordre is instructed otherwise in writing.

The information and the file concerning you are kept at the Ordre's head office. Under the law, you have a qualified right of access to them or to request that corrections be made.

Please note that this appendix **must be completed in full** in order for you to become registered as a Candidate for the practice of the profession under a reciprocity agreement.