

Experience Certification of Applicant – DOCUMENT C

IMPORTANT To be completed by EACH former employer of an applicant to become a Candidate for the practice of the profession by reciprocity of the Ordre des comptables agréés du Québec.

INFORMATION ON APPLICANT

MRS. MR.

LAST NAME: _____ USUAL FIRST NAME: _____

EMPLOYER INFORMATION

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER:

No.: _____ Street Avenue Blvd. Road _____ Office No.: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone(work): _____ Fax: _____

E-mail: _____

INFORMATION ON PRACTICAL EXPERIENCE

DATES OF EMPLOYMENT

FROM _____ To _____ FULL TIME
Month Day Year Month Day Year

PART TIME

Estimated number of hours or months spent in each of the following fields during the period of employment indicated above:

	PUBLIC ACCOUNTING FIRMS	EMPLOYERS OTHER THAN PUBLIC ACCOUNTING FIRMS
FIELDS	NUMBER OF HOURS IN EACH FIELD	NUMBER OF MONTHS
Audit engagement		
Review engagement		
Compilation engagement		
Taxation		
Financial accounting		
Management accounting		
Information system management		
Finance		
Other fields		

THE FOLLOWING QUESTIONS ARE INTENDED FOR PUBLIC ACCOUNTING FIRMS ONLY.

Was the applicant's work performed as part of the firm or office's ordinary public accounting practice?

Yes No

If "No", please provide any details that may assist the Ordre in assessing the functions performed.

Was the applicant required to exercise independent, professional judgement in carrying out his or her responsibilities?

Yes No

Did the applicant have the authority to sign audited financial statements for the purpose of lending credibility to and providing assurance in respect of financial information on which the users of such financial information and other members of the public may rely?

Yes No

ADDITIONAL INFORMATION

Please provide below any additional information in respect of the practical experience acquired by the applicant while in the employ of your firm or office that may be helpful to the Ordre des comptables agréés du Québec's assessment process (attach as a separate document if more convenient). Also, please provide any comments in respect of the character and conduct of the applicant which you believe may be of assistance to the Ordre des comptables agréés du Québec in considering the candidate's application for membership.

X

SIGNATURE OF PERSON AUTHORIZED TO FILL OUT THIS FORM

NAME (PLEASE PRINT)

DATE

POSITION

PLEASE FORWARD THIS FORM AS SOON AS POSSIBLE 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