

Membership Application

PERSONAL INFORMATION

Client No.: _____

Admission fees – Payment included

Madam Sir

FAMILY NAME (As is appears on birth certificate): _____

USUAL FIRST NAME: _____ ALL GIVEN NAMES: _____
(In full) (As is appears on birth certificate)

DATE OF BIRTH: Year ____ Month ____ Day ____ LANGUAGE(S) SPOKEN: French English STATUS: Canadian citizen Landed immigrant

CORRESPONDENCE LANGUAGE: French English CORRESPONDENCE PREFERRED: Home Employer No correspondence

PERMANENT ADDRESS – Is this a new address? Yes No

No.: _____ Street Avenue Boulevard Road Apt: _____

City: _____ Province: _____ Postal code: _____

Home telephone number: (____) _____ Office telephone: (____) _____ Fax number: (____) _____

E-MAIL ADDRESS: _____

EMPLOYER

Ordre use only
EMPLOYER No.

FIRM NAME: _____

ADDRESS:

No.: _____ Street Avenue Boulevard Road Suite: _____

City: _____ Province: _____ Postal code: _____

Telephone: (____) _____, ext. _____ Direct line (If applicable): (____) _____

RECOMMENDATIONS

We, the undersigned, members of the Ordre des comptables agréés du Québec, recommend the applicant as being of good moral character and habits and worthy of admission to the Ordre.

_____ (Name in block letter)	_____ Signature	_____ CA – Membership number
_____ (Name in block letter)	_____ Signature	_____ CA – Membership number
_____ (Name in block letter)	_____ Signature	_____ CA – Membership number

AUTORIZATION

I authorize the Ordre to disclose my business address and numbers:

- a) to business partners with whom the Ordre has negotiated specific commercial agreements; Yes No
- b) to the CICA for purposes of receiving offers of goods and services; Yes No
- c) for publication in the Ordre/CICA directory; Yes No
- d) to the Foundation of Quebec Chartered Accountants. Yes No

If you do not answer the above questions, it will be assumed that authorization has been given.

STATEMENT AND SIGNATURE OF CANDIDATE (Mandatory)

I, the undersigned, hereby apply for a permit under Section 1 of the *Regulation respecting the terms and conditions for the issue of permit of the Ordre des comptables agréés du Québec* and ask that my name be entered on the Roll of members of the Ordre. I agree to comply with the *Chartered Accountants Act*, the *Professional Code*, the *Code of Ethics* of the Ordre and all regulations duly adopted by the Bureau of the Ordre.

I SERVED MY PERIOD OF PRACTICAL TRAINING IN THE OFFICES OF:

from: _____ to: _____

from: _____ to: _____

from: _____ to: _____

MANDATORY: IN ACCORDANCE WITH SECTION 45.2 OF THE PROFESSIONAL CODE

- a) I have been found guilty of a criminal offence in Canada or another country. Answer no if you were granted a pardon. If yes, please attach a copy of the indictment and court decision. Yes No Info Already provided
- b) I have been brought before a professional corporation other than the Ordre in Canada or another country on a disciplinary charge. If yes, please attach a copy of the complaint and disciplinary decision. Yes No Info already provided

I declare that I have made an assignment of my property and that I have been subject to a receiving order within the meaning of the *Bankruptcy Act* for which I have not been discharged as yet. Yes

I understand that the Ordre will use the above-mentioned personal information for administration purposes and that all information will be treated confidentially.

My file will be kept at the Professional Environment and Administration department.

Signed: _____ Date: _____

Should my application be accepted, please use the following spelling for my full name on my permit, in accordance with legal requirements (*please print*).

ORDRE USE ONLY

Frais d'admission : ____ / ____ / ____ , ____ / ____ \$

Date de paiement : ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Date d'admission : ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

CA – N° de membre : ____ / ____ / ____ / ____ / ____ / ____

Approuvé par : _____

Confirmation of a training period and practical experience report

PLEASE PRESENT THIS DOCUMENT AT THE SAME TIME AS YOUR MEMBERSHIP APPLICATION

CONTACT INFORMATION

Client number: _____

Madam Sir

Family Name: _____ Usual first name: _____
(according to birth certificate) (according to birth certificate)

Permanent address – Is this a new address? Yes No Date of birth : Year _____ Month _____ Day _____

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

City: _____ Province: _____ Postal code: _____

Home telephone number: (_____) _____ Office telephone number: (_____) _____ Cell phone: (_____) _____

E-mail: _____

1- PLEASE SPECIFY THE DURATION OF THE TRAINING PERIOD IN THE PRESENT FIRM AFTER THE UNDERGRADUATE STUDIES.

FROM _____ Full-time training: Minimum of five hours worked per day, on a five-day per week basis.
YEAR MONTH DAY Part-time training: _____
Less than five days a week. (Once training is served, please complete Appendix E)

TO _____ Training period outside Canada: (Maximum recognition of six months with conditions)
YEAR MONTH DAY **VERY IMPORTANT:** Training period completed elsewhere than Canada or
OR STILL EMPLOYED BY THE FIRM Bermuda, must be previously approved by the Ordre.

TO BE NOTED
FIVE HOURS AND MORE = 1 DAY
BETWEEN THREE AND FIVE HOURS = 1/2 DAY
LESS THAN THREE HOURS = 0 DAY

2- PLEASE SPECIFY THE TOTAL NUMBER OF WORKING DAYS YOU WERE ABSENT FROM WORK FOR ANY REASON. Do NOT include LEGAL HOLIDAYS.

Holidays: _____ days Sick leaves: _____ days Other: _____ days Essay (academic) whenever applicable: From _____ to _____
Study leave: From _____ to _____ From _____ to _____ Total number of working days absent: _____

3- PLEASE SPECIFY THE TOTAL NUMBER OF WORKING DAYS OF TECHNICAL TRAINING PROVIDED BY THE TRAINING EMPLOYER. TOTAL: _____

4- PLEASE SPECIFY THE TOTAL NUMBER OF HOURS OF PROFESSIONAL SERVICES PERFORMED IN EACH CATEGORY.

TOTAL OF 2,500 HOURS OF PROFESSIONAL SERVICES

TOTAL NUMBER OF HOURS IN EACH CATEGORY (All hours, billable or not)	A MINIMUM OF 1,250 HOURS			OTHER (INCLUDING COMPILATION ENGAGEMENTS)	TOTAL
	A MINIMUM OF 625 HOURS IN AUDITING	REVIEW ENGAGEMENTS	A MINIMUM OF 100 HOURS IN TAXATION		

SIGNATURE OF CANDIDATE

I hereby declare that the information provided in this statement is true.

Signature of the candidate: _____ DATE: Year _____ Month _____ Day _____

PRACTICAL EXPERIENCE REPORT BY TRAINING EMPLOYER

Employer firm name: _____

Address: _____

Telephone: (_____) _____

FOR ORDRE USE ONLY
EMPLOYER NO.

We confirm that this candidate has accumulated the number of hours of professional services indicated above (see item 4). Yes No

In our opinion, and based on the criteria below, the candidate upheld the dignity of the profession throughout the training period. Yes No

Criteria: Conscientiousness and integrity; competence; human relations and communications skills; self-discipline and objectivity.

In our opinion, the practical experience undertaken by the candidate fulfills the practical experience requirements for admission to the Ordre des comptables agréés du Québec and in particular:

1. The candidate's hours of experience were spent in the development of competencies from a range of the Specific Competencies as outlined in *The UFE Candidate's Competency Map*. The Map is available on the CICA website; Yes No

2. The candidate reviewed with his Supervisor on a regular basis, progress in the development of competencies required of the entry-level CA as outlined in *The UFE Candidate's Competency Map*; Yes No

3. All of the work of the candidate was adequately supervised under the overall supervision of qualified professionals of this Approved Training Office. Yes No

NOTE: Please provide any additional information that the Ordre should know about the candidate on a separate sheet.

We hereby declare that the information provided in this statement is true.

Signature of partner of practitioner: _____ CA – Membership No.: _____

Date : Year _____ Month _____ Day _____

PERSON THAT THE ORDRE COULD CONTACT TO OBTAIN FURTHER INFORMATION

Name: _____ Telephone: (_____) _____ Fax: (_____) _____

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 (CPP), 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 training period, the Professional Education Program and the Uniform Evaluation (UFE) 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 declaration appendix **must be completed** in full in order for you to remain registered as a Candidate for the practice of the profession.

Membership Application

Your application will be processed receipt of all the following documents duly completed and signed:

- *Membership Application;*
- Confirmation of a training period and practical experience report;
- *Oath or solem affirmation of office;*
- Payment of the admission fees (see invoice below).

INVOICE – ADMISSION FEES

Client No.:	Date:	Amount payable: \$512.66
<ul style="list-style-type: none"> • Admission fees \$450.00 • TPS 22.50 • TVQ 40.16 • Total \$512.66 		
Admission fees are not tax deductible.		
GST: R107803009 – QST: 1006163536		

Annual fees will be invoiced once you are admitted on the Membership Roll of the Ordre des comptables agréés du Québec.

Payment enclosed:

Yes Amount: \$ _____

Cash

Cheque Please make cheque payable to the: **Ordre des comptables agréés du Québec or OCAQ.**
 Please write your client number in the back of the cheque.

Company cheque Personal cheque

Visa MasterCard

Card number: _____ Expiration date: _____

Name of cardholder: _____ Signature: _____

Je, _____
[nom]

jure ou affirme solennellement que je remplirai les devoirs de la profession de comptable agréé avec honnêteté, fidélité et justice.

Je maintiendrai dans mes actes et mes paroles une attitude et une conduite respectueuse, dignes de la profession.

J'exécuterai fidèlement les mandats qui me seront confiés.

Je respecterai le secret professionnel.

Je me conformerai au *Code de professions*, à la *Loi sur les comptables agréés* et aux règlements de l'Ordre et j'aurai toujours le souci de ne pas compromettre l'honneur et la dignité de la profession dans laquelle je m'engage aujourd'hui.

[signature]

Assermenté ou déclaré solennellement devant moi

À _____ ce _____ jour _____ 200_____

Commissaire à l'assermentation

**OATH OR SOLEMN AFFIRMATION OF OFFICE
OF CHARTERED ACCOUNTANT**

I, _____
[Name]

do swear or solemnly declare that I will fulfil the duties of the profession of chartered accountant with honesty, integrity and justice.

In word and deed I will display a respectful attitude and behavior worthy of the profession.

I will faithfully execute all mandates entrusted to me.

I will observe professional secrecy.

I will comply with the *Professional Code*, the *Chartered Accountants Act* and the regulations of the Ordre, always bearing in mind my duty not to compromise the honour and dignity of the profession which I enter this day.

[Signature]

Sworn to or solemnly declared before me

In _____ this _____ day of _____ 200_____

Commissioner for oaths