

Appendix A

PER - 2009 • Application for registration as a Candidate for the practice of the profession (CPP)

IMPORTANT

If you are beginning a professional training period, **AFTER OBTAINING YOUR UNDERGRADUATE RECOGNIZED DEGREE OR THE EQUIVALENT**, please note that **Appendix B - Statement regarding the first training period** must be transmitted at the same time, and pay de required fees according to the **Table of costs**.

CONTACT INFORMATION

Client number: _____

Madam Sir

Family name: _____
(as it appears on birth certificate)

Usual first name: _____
(as it appears on birth certificate)

Permanent address - Is this a new address? Yes No

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

City: _____ Province: _____ Postal code: _____

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

E-mail: _____

FOR THE ORDRE USE ONLY

OFFICIAL REGISTRATION DATE:

YEAR: _____ **MONTH:** _____ **DAY:** _____

AMOUNT: \$ _____

INITIALS AGENT: _____

OTHER CONTACT INFORMATION REQUIRED

Date of birth: Year _____ Month _____ Day _____ **Correspondence:** French English **Canadian citizenship:** Yes No

COLLEGE DEGREE (CEGEP)

Name of institution: _____ **Date diploma was obtained :** _____

Name of the program in that you obtained your college degree (Please check accordingly.)

Administrative Sciences/Business Administration
 Pure Science/Natural Science
 Commerce

Humanities - Option _____
 Economy
 Other _____

UNDERGRADUATE DEGREE RECOGNIZED OR THE EQUIVALENT

Name of university: _____ **Name of diploma obtained:** _____

Concentration: _____

VERY IMPORTANT: Date you finished your undergraduate degree or the equivalent (last session). **(Please check one box and write the appropriate.)**

Fall: Year _____ Month _____ **Winter:** Year _____ Month: _____ **Summer:** Year _____ Month _____

QUALIFYING COURSES OR EQUIVALENCE OF DIPLOMA

Name of university: _____

Name of diploma obtained, if applicable: _____ **VERY IMPORTANT:** Date you finished your qualifying courses or your equivalence of diploma **(Please check one box and write the appropriate date.)**

Fall: Year _____ Month _____ **Winter:** Year _____ Month: _____ **Summer:** Year _____ Month _____

PROFESSIONAL EDUCATION PROGRAM (PEP/GRADUATE DIPLOMA)

Name of university: _____

Date of the beginning of the first session: Year _____ Month _____ Day _____

DISCIPLINE/ETHICS

a) I have been found guilty of violating a tax act or a securities act in Canada or in another country. If you answered "yes", please attach a copy certified of the indictment and court decision so that we can review your file with respect to the renewal of your registration as a Candidate for the practice of the profession (CPP).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

b) I have been found guilty of a criminal offence in Canada or another country. If you answered "yes", please attach a copy certified of the indictment and court decision so that we can review your file with respect to the renewal of your registration as a Candidate for the practice of the profession (CPP).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c) I have been the subject of a disciplinary decision rendered by a professional corporation other than the Ordre des comptables agréés du Québec or by an organization similar to the Ordre outside Quebec or in another country. If you answered "yes", please attach a copy certified of the decision so that we can review your file with respect to the renewal of your registration as a Candidate for the practice of the profession (CPP).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZATION

I authorize the Ordre to disclose my personal data:

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

MANDATORY DECLARATION FROM THE CANDIDATE FOR THE PRACTICE OF THE PROFESSION

I, the undersigned, hereby apply with the Ordre des comptables agréés du Québec for registration as a Candidate for the practice of the profession, under Division II, Section 2 of the "Regulation respecting the terms and conditions for the issue of a permit of the Ordre des comptables agréés du Québec". I read the following and undertake to comply with the provisions of the *Professional Code*, the *Chartered Accountants Act*, the *Code of Ethics*, as well as any regulation and conditions duly adopted by the Ordre.

I hereby declare that the information provided in this statement is true and I have made sure to complete and duly sign the entire statement. I understand that any false representation or incomplete statement could have negative implications.

Signature: _____ **Date:** _____

Required documents (Please check the appropriate boxes.)

Candidates born in Canada: Original or certified copy of birth certificate or civil status certificate - Enclosed: Yes No Already supplied

Citizens born abroad: Original or certified copy of proof of legally landed immigrant, of Canadian citizen or a Canadian passport

- Enclosed: Yes No Already supplied

Copy of the official transcript of highschool diploma - Enclosed: Yes No Already supplied

An official transcript of notes testifying undergraduate grade obtained, date the diploma was obtained and the levelling courses if applicable I already submitted to the Ordre I will submit to the Ordre as soon as available Payment according to Table of Costs.

PAYMENT OF FEES

Cash Interac Personal cheque Amount (see table of costs): \$592.59 \$459.97

VISA MASTERCARD Card number: _____ Name of bearer: _____ Expiration date: ____ / ____

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 view of your registration as a Candidate for the practice of the profession.