

## Appendix B

### PER - 2009 • Statement regarding the first professional training period after the undergraduate diploma or the equivalent – CANDIDATE FOR THE PRACTICE OF THE PROFESSION (CPP)

In accordance with the Regulation respecting the terms and conditions for the issue of a permit of the Ordre des comptables agréés du Québec, "Prior to beginning the training period, the candidate and the training supervisor shall notify the Vice-Presidency Education and Recruitment in writing of the date on which the training period is to begin".

**Delay in the payment of fees and filing of required statements can result in a training period not being recognized.**

If not supplied before, "Appendix A - Application for Registration as a Candidate for the practice of the profession (CPP)" should also be returned with this statement, together with the requested payment as per the "Table of Costs".

#### CONTACT INFORMATION

Client number: \_\_\_\_\_

Madam  Sir

**Family name:** \_\_\_\_\_ **Usual first name:** \_\_\_\_\_  
(as it appears on birth certificate) (as it appears on birth certificate)

**Permanent address** - Is this a new address?  Yes  No

No.: \_\_\_\_\_  Street  Avenue  Blvd.  Road \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_ Office telephone number: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### INFORMATION ABOUT THE TRAINING PERIOD

##### DATE OF BEGINNING OF YOUR PROFESSIONAL TRAINING AFTER COMPLETING YOUR RECOGNIZED UNDERGRADUATE DEGREE OR THE EQUIVALENT

**Full-time training: Minimum of five hours worked per day, on a five-day per week basis.**

**Part-time Training:** \_\_\_\_\_ **Less than five days a week. (Once training is served, please complete Appendix E)**

**TRAINING DURING UNDERGRADUATE STUDIES:**  
**If you have undertaken a training during your UNDERGRADUATE studies, after completing 30 credits, please complete "Appendix C - Application for a reduction (recognition) of the training period served during a bachelor's degree", which can be found at the following website:**  
[http://ocaq.qc.ca/ang/7\\_devenir/7\\_1\\_devenir.asp](http://ocaq.qc.ca/ang/7_devenir/7_1_devenir.asp)

TO BE NOTED

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YEAR MONTH DAY

#### SIGNATURE OF CANDIDATE

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

**Signature of the candidate:** \_\_\_\_\_ **DATE:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

#### STATEMENT AND SIGNATURE OF TRAINING PRINCIPAL

**Employer firm name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Telephone:** (\_\_\_\_) \_\_\_\_\_

FOR ORDRE USE ONLY  
EMPLOYER No.

I, \_\_\_\_\_, am a member in good standing of the Ordre des  
(Full name, Please print)  
comptables agréés du Québec and Training principal with the firm of chartered accountants \_\_\_\_\_  
(Please print)

in the city of \_\_\_\_\_.

My office is approved as a training employer by the Ordre and complies with the standards of quality inherent to the profession. The above-mentioned candidate has been employed by this office since the above-mentioned date. I undertake to comply with the provisions of the *Professional Code*, the *Chartered Accountants Act*, the *Code of Ethics*, as well as the regulations and terms and conditions duly approved by the Ordre. I also agree to ensure that the candidate is integrated into the CA training program duly approved by the Ordre.

**Signature of Training Principal:** \_\_\_\_\_ **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 appendix **must be completed** in view of your registration as a Candidate for the practice of the profession.