

Appendix C

PER - 2009 • Application for a reduction (recognition) of the training period during undergraduate studies
IMPORTANT – To be transmitted together with Appendices A and B

Training done **before** obtaining a recognized undergraduate degree or the equivalence and **after** having accumulated a minimum of 30 credits.

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

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

City: _____ Province: _____ Postal code: _____

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

E-mail: _____

INFORMATION CONCERNING TRAINING PERIOD DURING UNDERGRADUATE STUDIES (OR EQUIVALENT)

	1ST PERIOD	2ND PERIOD	3RD PERIOD
<p>Full-time training = Minimum of five hours worked per day, on a five-day per week basis.</p> <p>Part-time training = Less than five days a week. (Once training is served, please complete Appendix E)</p> <p>Please specify the duration of each training period.</p>	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME FROM: _____ YEAR / MONTH / DAY TO: _____ YEAR / MONTH / DAY	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME FROM: _____ YEAR / MONTH / DAY TO: _____ YEAR / MONTH / DAY	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME FROM: _____ H DAY TO: _____ YEAR / MONTH / DAY
<p>Please specify the number of working days you were absent from work for each training period. (Holidays, sickness leave, family leave, interruptions of training, study days and others.) N.B. Do not include statutory holidays.</p>			
<p>Please specify the number of working days of technical training provided for each training period.</p>			
<p>Please detail the number of hours* of professional services performed in each category, for each training period.</p>	AUDITING		
	REVIEW ENGAGEMENTS		
	TAXATION		
	OTHER (INCLUDING COMPILATION ENGAGEMENTS)		
<p>*(All hours, whether billable or not.)</p>			
TOTAL HOURS			

REPORT OF THE TRAINING PRINCIPAL

Employer firm name: _____

Address: _____

Telephone: (____) _____

FOR ORDRE USE ONLY
EMPLOYER No. _____

I confirm on behalf of _____ **that** _____ :

(name of firm/company) (student's name)

- was in our employ, as above-mentioned; Yes No
- is completing our CA Training Program which is approved by the Ordre des comptables agréés du Québec. Yes No

As part of our CA Training Program, the above-named student's progress has been discussed with his/her Counselling Member at least semi-annually and he/she has met the progression expectations of all students in our CA Training Program. Yes No

I also confirm that the above-named student has completed the chargeable hours of experience required to practice public accountancy, as above-mentioned. Yes No

I recommend the above-named student as being of good moral character within the meaning of section 11 of the *Regulation respecting the terms and conditions for the issue of a permit of the Ordre des comptables agréés du Québec*. During the above term of employment, nothing came to my attention to suggest that the above-named student should not be admitted to membership once he/she has completed his/her practical experience requirements and in my opinion the student should be admitted to membership of the Ordre des comptables agréés du Québec once he/she has satisfied all other requirements to apply for CA membership. Yes No

Signature of Training Principal : _____ **CA - Membership No.:** _____

Date: Year _____ Month _____ Day _____

Appendix C

PER - 2009 • Application for a reduction (recognition) of the training period during undergraduate studies (continued)

IMPORTANT – To be transmitted together with *Appendices A and B*

STATEMENT OF THE CA STUDENT

During the period covered by this training period report, I completed my Record of CA Qualifying Experience. Yes No n/a
(If the period covered is before September 1, 2009, check the n/a box)

As of September 1, 2009, I understand that I will have to maintain it for the duration of the training period. Yes No

On completing my training period, I understand that I will have to retain my Record of CA Qualifying Experience for at least one year after I qualify as a CA since the Ordre may request it for monitoring purposes and to confirm the Counselling Member meetings and competency discussions, and I agree to retain such record. Yes No

If I change employer, I understand that I will have to provide a copy of my Record of CA Qualifying Experience to my new employer, indicating the experience I obtained. Yes No

SIGNATURE OF CANDIDATE

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

Signature of the candidate : _____ **Date :** Year _____ Month _____ Day _____

PERSON THAT THE ORDRE COULD CONTACT TO OBTAIN FURTHER INFORMATION

Name: _____ **Telephone:** (____) _____ **Fax:** (____) _____