

Confirmation of a training period and practical experience report – Appendix D-1

NOTE 1 If you are leaving your job temporarily to return to school, you **do not need** to fill out this form. You only need to fill it out when you are leaving your employer definitely.

NOTE 2 This is not an application to become a Chartered Accountant (CA). As soon as you have completed your training period and passed the Uniform Evaluation (UFE), you should submit your Membership Application to the Ordre's Legal Affairs and Records Vice-Presidency, to obtain the right to use the CA designation or to hold yourself out as a CA.

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 WITH THE PRESENT TRAINING EMPLOYER 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		A MINIMUM OF 100 HOURS IN TAXATION	OTHER (INCLUDING COMPILATION ENGAGEMENTS)	TOTAL
	A MINIMUM OF 625 HOURS IN AUDITING	REVIEW ENGAGEMENTS			

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.