

New training employer statement – Appendix D-2

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 **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 address: _____

INFORMATION ABOUT THE TRAINING PERIOD

DATE OF BEGINNING OF THE TRAINING PERIOD AT THIS NEW TRAINING EMPLOYER

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

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 EMPLOYER

Employer firm name: _____

Address: _____

Telephone: (____) _____

FOR ORDRE USE ONLY
 EMPLOYER No. _____

I, _____, am a member in good standing of the Ordre des
(Please print)

comptables agréés du Québec and partner with the firm of chartered accountants _____

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 undertake to provide this candidate with the theoretical and practical training required to practice public accounting.

Signature of partner or 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.