

Details of a part-time professional training period – Appendix E

CANDIDATE FOR THE PRACTICE OF THE PROFESSION (CPP)

CONTACT INFORMATION

CLIENT NUMBER: _____

Madam Sir

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

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

Date of birth: Year _____ Month _____ Day _____

FIVE HOURS AND MORE = 1 DAY

BETWEEN THREE HOURS AND FIVE HOURS = 1/2 DAY

LESS THAN THREE HOURS = 0 DAY

Month: _____ Year: _____

PLEASE MAKE PHOTOCOPY FOR EACH MONTH REPORTED.

HOURS OF PROFESSIONAL SERVICES RENDERED

DAY/MONTH	TOTAL HOURS WORKED	HOURS OF TECHNICAL TRAINING PROVIDED BY EMPLOYER	HOURS OF PROFESSIONAL SERVICES RENDERED			
			AUDITING	REVIEW ENGAGEMENTS	TAXATION	OTHER (INCLUDING COMPILATION ENGAGEMENTS)
1/						
2/						
3/						
4/						
5/						
6/						
7/						
8/						
9/						
10/						
11/						
12/						
13/						
14/						
15/						
16/						
17/						
18/						
19/						
20/						
21/						
22/						
23/						
24/						
25/						
26/						
27/						
28/						
29/						
30/						
31/						
TOTAL						

SIGNATURE OF CANDIDATE

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

Signature of the candidate: _____ DATE: Year _____ Month _____ Day _____

TRAINING EMPLOYER CERTIFICATION

We hereby declare that the *Evaluation questionnaire and Employer certification* provided in either one the following document (please check accordingly):

in *Appendix C* in *Appendix D-1* in the *Confirmation of a training period* attached to the *Membership Application*

on _____ by _____
(date) (Please print name of partner or practitioner)

with the firm _____ in the city of _____

is applicable to the details of a part-time training period supplied in the present document.

SIGNATURE OF PARTNER OR PRACTITIONER: _____ CA – MEMBERSHIP NO.: _____ DATE: _____