

Application for registration to the Professional Education Program (PEP) and request for a password – Appendix PEP

IMPORTANT

As soon as you are beginning a professional training period, **after obtaining your undergraduate recognized diploma or the equivalent** (levelling courses), please complete **Appendices A and B** and pay the required fees according to 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 _____ App. : _____

City: _____ Province: _____ Postal code: _____

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

E-mail address: _____

OTHER CONTACT INFORMATION

Date of birth: Year _____ Month _____ Day _____ Correspondence: French English Canadian citizenship: Yes No

COLLEGE DEGREE (CEGEP)

Name of institution: _____ Date diploma was obtained: _____

Name of the program in which you obtained your college degree. (Please check accordingly)

Administrative Sciences/Business Administration
 Pure Science/Natural Science
 Commerce

Humanities – Option _____
 Economy
 Other _____

UNDERGRADUATE DEGREE RECOGNIZED

Name of university: _____ Name of diploma obtained (ex.: B.com, BBA, etc.): _____

Concentration: _____

VERY IMPORTANT: Date you finished your undergraduate degree. (Please check one box and write the appropriate date)

Fall: Year _____ Month _____ Winter: Year _____ Month _____ Summer: Year _____ Month _____

QUALIFYING COURSES OR EQUIVALENCE OF DIPLOMA

Name of university: _____

Name of diploma obtained, if applicable: _____ Concentration: _____

VERY IMPORTANT: Date you finished your undergraduate degree or the equivalent (last session). (Please check one box and write the appropriate date)

Fall: Year _____ Month _____ Winter: Year _____ Month _____ Summer: Year _____ Month _____

PROFESSIONAL EDUCATION PROGRAM (PEP/GRADUATE DIPLOMA)

Name of university: _____

Date of the beginning of the first session: Year _____ Month _____ Day _____

What year do you plan to write the UFE?

(TO BE COMPLETED FOR STATISTICS PURPOSES ONLY)

Were you ever a recipient of a scholarship granted by the Foundation of Quebec CA? Yes No.

If YES, please specify for which level of studies? _____

DECLARATION FROM THE CANDIDATE

I hereby declare that the information provided in this statement is true and I have made sure to complete and duly sign the entire statement. I understand that any false representation or incomplete statement could have negative implications.

Signature: _____ Date: _____

REQUIRED DOCUMENTS (PLEASE CHECK THE APPROPRIATE BOX)

Candidates born in Canada: Original or certified copy of birth certificate or civil status certificate – Enclosed: Yes No Already supplied

Citizens born abroad: Original or certified copy of proof of legally landed immigrant, of Canadian citizen or a Canadian passport

- Enclosed: Yes No Already supplied

PAYMENT OF FEES (PLEASE CHECK THE APPROPRIATE BOX)

CASH INTERAC \$620.81 (payment in one installment acceptable only)

COMPANY CHEQUE PERSONAL CHEQUE Please make cheque payable to the: Ordre des comptables agréés du Québec. Please write your client number in the front of the cheque if you know it.

VISA MASTERCARD CARD NUMBER: _____ EXPIRATION DATE: _____ / _____
NAME OF THE CARD BEARER: _____ Month Year

One installment of \$620.81 Two installments: Additional fees of \$10 (taxes included) — 1st of \$315.41 (date of registration) _____
2nd of \$315.41 (three months later) _____

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 view of your registration as a Candidate for the practice of the profession.