Education and Recruitment Vice-Presidency
680 Sherbrooke Street West, 18th floor
Montreal (Quebec) H3A 2S3
Tel.: 514 982.4606
1 800 363.4688, ext. 4606
Fax: 514 843.8375
Email: candidat@ocaq.qc.ca

Candidate looking for a training period

To be completed by duly registered Candidates for the practice of the profession CPP) and students registered in the Professional Education Program (PEP).

If you want your name to appear on the *List of Candidates for the practice of the profession looking for a professional training period*, please answer all of the following questions. Please note that résumés or other documents will not be considered to build up our list.

You must inform the Ordre by filling the appropriate forms as soon as you find a job. For further information regarding the training period, please contact one of our administrative agents at 514 982.4606 or at 1 800 363.4688, extension 4606. Please advise us if you change your address or telephone number.

1) Are you duly registered as a CPP or in the Ordre's Professional Education Program?

Yes → Client number: _____
No → You cannot be on the list. *Please contact the Recruitment Department of your university.*

2) Identification

Is this a new address?
yes ☐ no ☐

Family name: _____
First name: _____
Address: _____
City, Province: _____
Postal code: _____
Home phone number: _____
Other phone number: _____
E-mail address: _____

3) Please check the region(s) where you would like to work

- ☐ Abitibi-Témiscamingue
- ☐ Cantons de l'Est
- ☐ Est du Québec
- ☐ Mauricie, Centre-du-Québec
- ☐ Montérégie
- ☐ Montréal, Laval, Laurentides and Lanaudière
- ☐ Outaouais/Ottawa
- ☐ Québec
- ☐ Saguenay – Lac-Saint-Jean

4) Check the box corresponding to your knowledge of the English language

Spoken:	Written:
☐ very good	☐ very good
☐ good	☐ good
☐ acceptable	☐ acceptable
☐ do not speak	☐ do not write

5) Check the box corresponding to your knowledge of the French language

Spoken :	Written:
☐ very good	☐ very good
☐ good	☐ good
☐ acceptable	☐ acceptable
☐ do not speak	☐ do not write

6) Have you written the Uniform Evaluation (UFE)

☐ no
☐ yes
- ☐ success
- ☐ failure

7) Will you write the 2010 UFE?

☐ yes ☐ no ☐ n/a

8) Indicate the total number of months of training RECOGNIZED by the Ordre:
_____ months.

Specify the number of hours for each function
Public Accounting _____ hours
Auditing _____ hours
Taxation _____ hours
Others _____ hours

9) Do you have accounting experience NOT RECOGNIZED by the Ordre?

☐ Yes What experience: _____
How many months: _____

☐ No

Authorisation to disclose information

I hereby authorize the Ordre des comptables agréés du Québec to give all information contained on this form to training firms, and to inform them of my success or failure at the UFE. I understand that the list of candidates will be sent to training employers upon request.

Signature: _____ Date: _____