

Request for Addition/Change in Pre-approved Program Route Leader or Program Manager

Use this form if you would like to add or make a change in your organization's Pre-approved Program Route Leader (PPRL) or Program Manager. To add a PPRL, please complete **sections 1 and 2**. To remove a PPRL, please complete **sections 1 and 3**. To change a Program Manager, please complete **sections 1 and 4**. Send the completed form by **EMAIL** to ppr@cpaalberta.ca.

Please PRINT in capital letters

1 Organization	
Organization Name	Pre-Approved Program (e.g. external audit)
Location	Name of Primary PPRL*

** Primary PPRL has overall accountability for the organization's Pre-approved Program (e.g. signed the letter of agreement with the profession, most senior of all PPRLs, etc.)*

2 Addition of Secondary PPRL	
Name:	Email:
Title:	If not a member of CPA Alberta, please state: Home province: _____ <input type="checkbox"/> Designate as Primary PPRL

Pre-approved Program Leader Declaration

As a Pre-Approved Program Leader, I acknowledge:

- I am a Chartered Professional Accountant in good standing with CPA Alberta.
- I am accountable to CPA Alberta for CPA candidates gaining experience through the organization's pre-approved program.
- I understand and agree to the requirements and/or restrictions placed by CPA Alberta upon approval of the program.
- I am familiar with my pre-approved program's competency map/program and understand that CPA candidates only gain qualifying practical experience through the position duties approved by the profession (with the exception of the secondment provisions in Section 4.3 of the CPA Practical Experience Requirements).
- I understand that our organization is responsible for appointing mentors. I understand that these mentors must register with and be approved by CPA Alberta and they must successfully complete an orientation session delivered by the profession.
- Before experience reports of CPA candidates in pre-approved programs are assessed by the profession, I understand I must provide certification signoff. This signoff will include the progress of the CPA candidate to time of departure and will ensure the practical experience is captured in the Practical Experience Reporting Tool (PERT) and applies to all CPA students/candidates who complete their experience requirements or who depart from the pre-approved program during their training period. This signoff will confirm that the practical experience gained by CPA candidates meets the requirements of the pre-approved program.
- I am not responsible for any CPA candidates employed by the organization who are gaining practical experience through the experience verification route.
- I am sufficiently senior within the organization or unit of the organization to:
 - Ensure the organization or unit implements and adheres to the profession's CPA practical experience requirements.
 - Influence the opportunities for CPA students/candidates' competency development.



<input type="checkbox"/> I have overall responsibility to liaise with the designated mentors to confirm these candidate activities have occurred: <ul style="list-style-type: none"> • CPA students/candidates have discussed their progress with their mentors at least semi-annually. • CPA students/candidates are meeting the progression expectations of the CPA pre-approved program. 	
<input type="checkbox"/> I understand the pre-approved program will be reviewed by the profession at least every three years. The extent and frequency of reviews will be based on an assessment of risks and safeguards, and will allow for discretion and consideration of special circumstances.	
<input type="checkbox"/> I acknowledge that all information that I may have access through the CPA Program (including PERT) is strictly confidential. If applicable, I will advise the Program Manager of this same requirement.	
Signature of Secondary Pre-Approved Program Leader	Date
Signature of Primary Pre-Approved Program Leader	Date

3 Removal of Pre-approved Program Route Leader Status	
Name:	Email:
Signature of Primary Pre-Approved Program Leader	Date

4 Change in Program Manager	
Please note: There can be only one Program Manager(PM) per pre-approved program in PERT. Once a change is initiated, the previous PM will not have access to any information within PERT.	
Name:	Email:
Signature of Primary Pre-Approved Program Leader	Date : _____
	Is this Program Manager located outside of Alberta? If yes, then please state the home province: _____

FOR INTERNAL USE ONLY – To be completed by CPA Alberta	
Verified and updated in Member Database	Updated in PERT