

CPA Alberta Public Accounting Chargeable Hours Submission Form

When to Complete:

Completing the form is required whenever a CPA candidate is requesting an assessment for experience gained in a public accounting role.

How to Complete:

Sections 1, 2, 3 and 4 can be completed by the CPA candidate. Section 5 must be completed by the Designated Member/Pre-approved Program Leader at the registered firm. Once complete, please attach to the applicable experience report in PERT.

For questions on how to complete this form and/or how to complete/submit an experience report through PERT, please contact practical experience@cpaalberta.ca.

1 Personal Information				
Legal Name:		CPA Member	Number:	
First Middle Last				
2 Em	ployment	: Information	า	
Firm Name:				
Street Address:	City:		Province:	Postal Code:
Employment start date (dd/mm/yyyy):		Employment 6	end date, if applicable	e (dd/mm/yyyy):
Experience Route and Category:				
Pre-Approved Program	Route	Experie	ence Verification Rou	te
If you selected PPR, then please state the r	name of pre-	approved progr	ram at above named	employer:
			(see	PERT if unsure)
Type of Employment (select one):				
Full-time				
Part-time				
Со-ор				
Summer				
If any of the time reported above was on a Summary of Chargeable Hours form signed Leader where you were seconded.		•		

CPA PER S. 4.3 states that CPA candidates may work on more than one secondment assignment; however, no more than 12 months of the total 30-month duration will be recognized towards the fulfillment of CPA practical experience requirements.

Chargeable Hours Summary						
· ·	geable hours cor om more than fiv	•	ent reporting period employment	d in the appropri	ate category. I	Hours reported
	Audit HFI*	Review HFI*	Assurance (other)	Compilation	Tax	Other
Hours Completed	urana angagaments	that are performed o	n Historiaal Financial Info	rmation as set out in t	the provailing CDA	Canada Handhook
	urance engagements in erly the CICA Handboo		n Historical Financial Info	rmation as set out in t	ne prevailing CPA	Canada Handbook -

4 CPA Candidate Confirmation				
I declare that all the information given in this form is true and correct.				
CPA Candidate Signature:	Date (dd/mm/yyyy):			
5 Employer Confirmation				

5 Employer Confirmation					
I confirm that the CPA candidate named above has obtained the chargeable hours for the purposes of practicing public accounting as indicated above.					
Designated Member/Pre-Approved Program Leader signature:	Designated Member/Pre-Approved Program Leader name:				
Date (dd/mm/yyyy):					