

## PROVINCIAL BODY CONFIRMATION APPLICATION FOR MEMBERSHIP ON THE BASIS OF PROVINCIAL AFFILIATION

### Section 1 – REGISTRANT CONSENT

To be completed by member:

I, \_\_\_\_\_ authorize the provincial body named below to release information in relation to my application for Membership on the basis of affiliation with a **recognized provincial regulatory body**.

**x** \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

### Section 2 – DETAILS OF PROVINCIAL AFFILIATION

To be completed by provincial body:

We, \_\_\_\_\_ confirm that the individual named above is a member in good standing of this provincial body. Additional information provided below:

Registered Name (in full): \_\_\_\_\_ CPA Canada #: \_\_\_\_\_

**Basis of Admission:** please select the appropriate legacy designation

☐ **Legacy CMA Education Program**

- Year individual successfully completed CMA Education Program: \_\_\_\_\_
- Practical experience duration (if applicable): months required \_\_\_\_ months completed \_\_\_\_
- Province of first membership and date: Province \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Legacy CGA Education Program**

- Year individual successfully completed CGA Education Program: \_\_\_\_\_
- Practical experience duration (if applicable): months required \_\_\_\_ months completed \_\_\_\_
- Province of first membership and date: Province \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **CFE/UFE student**

- Year individual successfully completed CFE/UFE (circle one): \_\_\_\_\_
- Practical experience duration: months required \_\_\_\_ months completed \_\_\_\_
- Path of practical experience used for basis of CPA admission
  - ☐ External audit based – provide chargeable hours details in the following areas:  
 \_\_\_\_\_ Audit \_\_\_\_\_ Review \_\_\_\_\_ Tax \_\_\_\_\_ Other \_\_\_\_\_ Total
  - ☐ Outside of external audit based – provide competency details as follows:  
 Depth achieved in \_\_\_\_\_  
 Breadths achieved in \_\_\_\_\_ and \_\_\_\_\_

☐ **Affiliation with another provincial regulatory body**

- Name of provincial regulatory body: \_\_\_\_\_
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

☐ **Foreign Candidate**

- Name of foreign accounting organization: \_\_\_\_\_
- Exam(s) successfully completed and date(s): \_\_\_\_\_
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

☐ **Other** – please describe on a separate sheet

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### Section 2 – DETAILS OF PROVINCIAL AFFILIATION continued

In addition, we certify the following membership details:

A. Membership date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

B. Designation held (select all that apply): ☐ CPA ☐ CA ☐ CGA ☐ CMA

C. Membership fees paid in full for fiscal year ending \_\_\_\_\_ and consisting of (select all that apply):

☐ CPA Canada (prime) ☐ Resident ☐ Affiliate

D. Academic Qualifications

Degree Granted	Name of University	Date Granted

E. Member has consistently completed Continuing Professional Development (CPD) in accordance with this body's CPD requirements: Yes ☐ No ☐. If "No", the CPD deficiencies are as follows:

Please indicate whether the member has ever been the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in the comment area below. Please indicate if there are any disciplinary actions against this member and whether the member has been restricted/ suspended/expelled/terminated for any reason other than non-payment of fees. Please provide any additional information regarding this individual's membership on a separate sheet if necessary.

**Comments:**

**We know of no other reason why membership with the Chartered Professional Accountants of Alberta should not be granted.**

\_\_\_\_\_  
Name of Authorized Party  
(on behalf of provincial body)

\_\_\_\_\_  
Provincial Body

x \_\_\_\_\_  
Signature

Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_