

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**.

_____ Date (mm/dd/yyyy) ____/____/____ DOB (mm/dd/yyyy) ____/____/____
Signature

Email address: _____

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): _____ National ID #: _____

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): _____
 - CPA Electives: _____
 - CFE Role: _____
 - CFE Depths: _____

- Path of practical experience used for basis of CPA/CA admission

Months in Pre-approved Program: _____

• Name of Pre-approved Program: _____

Months in Experience Verification: _____

Months in Secondment: _____

• Nature of Secondment: _____

Depth achieved in _____

Core achieved in _____

Breadths achieved in _____ and _____

Enabling: Met

- Chargeable Hours:

Audit of Historical Financial Information	
Review of Historical Financial Information	
Other Assurance	

Compilation	
Tax	
Other	

Section 2 – DETAILS OF PROVINCIAL AFFILIATION continued

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: _____
- Date individual successfully completed CPARE CPARPD _____
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

Other – please describe on a separate sheet

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:

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) ____/____/____

Please send your signed form to applications@cpaalberta.ca to be completed.