

Practice Review SCHEDULING QUESTIONNAIRE

1. IDENTIFICATION

PR Confidential # _____

Professional Accounting Firm Name:	
Firm Address:	
Telephone Number(s):	Fax Number:

Person in charge of the location/firm:	
Person in charge of the review:	
E-mail address of person in charge of review:	
Is the firm practicing part-time?	

Are you planning to close your firm in the next 6-12 months? YES ☐ NO ☐

Does your firm operate out of a home office? ☐ ☐

Does your firm share office space with other organizations (e.g. lawyers, other professionals, etc.)?
If yes, please describe firm policy for protecting confidential information:

Does your office outsource files to a different practitioner/firm? ☐ ☐

If yes, list the practitioner(s)/firm(s), and particular file(s) (attach if necessary):

Does your office operate satellite location(s) in Alberta? ☐ ☐

If yes, list locations: _____

If yes, list name of member(s) responsible for the satellite location(s):

If you have satellite locations in Alberta, are the files located at the: - Main Office? ☐ ☐

- Satellite Office? ☐ ☐

Would you prefer the practice review to include other locations and/or satellite offices? ☐ ☐

***Note if NO then a separate practice review will be conducted for the other location.**

If yes, which one(s).

Practice Review

SCHEDULING QUESTIONNAIRE

2. PARTNERS/SOLE PRACTITIONER

Full Name	Year Designation Obtained	Partner Since	Designation	Function (i.e. tax, audit general, etc.)	Signed compilation engagements in the last 12 months (Yes/No)	Signed audited F/S in the last 12 months (Yes/No)	Signed reviewed F/S in the last 12 months (Yes/No)
1.							
2.							
3.							
4.							
5.							
6.							

If the firm has non-designated partners, please describe the firm's policies to ensure these partners meet the Chartered Professional Accountants of Alberta Rules of Professional Conduct:

3. OTHERS WITH FINANCIAL STATEMENT RESPONSIBILITY

NOTE: Designated employees that have firm approval to sign engagement reports are included for file selection purposes.

Full Name	Year Designation Obtained	Signing Authority Since	Designation	Function (i.e. tax, audit general, etc.)	Signed compilation engagements in the last 12 months (Yes/No)	Signed audited F/S in the last 12 months (Yes/No)	Signed reviewed F/S in the last 12 months (Yes/No)
1.							
2.							
3.							

If the firm has non-designated individuals with financial statement responsibility, please describe the firm's policies to ensure these individuals meet the Chartered Professional Accountants of Alberta Rules of Professional Conduct:

Practice Review

SCHEDULING QUESTIONNAIRE

4. PERSONNEL

	Full-Time	Part-Time
Partners (if Sole Practitioner indicate 1)		
Designated Professional Accountants (excluding partners above)		
Candidates enrolled in the CPA Professional Education Program		
Accounting Technicians		
Administrative Staff		
Other (specify)		

5. COMPUTERIZATION OF WORKING PAPER FILES

Practice reviews are being performed using a hybrid approach of remote and on-site reviews. At the time of your review, you may be asked to submit your firm's files electronically. CPA Alberta has implemented a secure electronic file transfer system to facilitate the remote practice review process. For firms that do not have electronic files, you may be requested to scan or convert to electronic the paper files selected for review.

a) Does the firm prepare and store its working papers entirely electronically? **YES**
☐ **NO**
☐

b) **If yes**, describe briefly the software system used for working paper preparation and storage.

c) Does the firm have paper storage for some or all of its working paper files? **YES**
☐ **NO**
☐

d) **If yes**, is the firm able to convert to electronic or scan to PDF the paper files selected for practice review? **YES**
☐ **NO**
☐

Please note any additional information regarding the firm files or any concerns the firm has regarding the remote review process here:

Practice Review

SCHEDULING QUESTIONNAIRE

6. CLIENT PROFILE

Give your **BEST ESTIMATE** as to your firm's chargeable hours for the **most recently completed** 12 month period (or fiscal year if more convenient)

		HOURS		No. of Clients
		#	%	
AUDIT				
	Public Companies (CPAB / PCAOB Insurers)			
	Offering Documents			
	Other Entities under IFRS			
	Not-for-Profit Engagements			
	Public Sector Entities			
	Other Audit Engagements			
REVIEW				
	Year-End			
	Entities under IFRS			
	Other Review Engagements			
OTHER				
	Business Valuations			
	Insolvency			
	Specified Auditing Procedures or Agreed-upon Procedures Engagements (<i>Law Society, Real Estate, Collection Agency, Funeral Care Services and other</i>)			
	Compilation			
	Accounting Services			
	Tax Services (<i>excluding normal tax work performed during audit, review and compilation engagements</i>)			
	Handling of Trust Funds			
	Other Services (<i>special projects, investigations, controllership functions, consulting, etc.</i>) Describe:			
	Forensic Accounting, Financial Investigation or Financial Litigation Support			
TOTAL			%	

Indicate industries or types of clients for which your firm does a significant amount of work, e.g., municipalities, retail stores, land developers, credit unions, condominium corporations, agriculture, manufacturing, etc.

Practice Review

SCHEDULING QUESTIONNAIRE

FOR FUTURE OR RECENT CHANGES IN CLIENT PROFILE, please include a list of engagements that will be performed in the future including the expected date of completion. Include only engagements which have been confirmed and are expected to be completed in the next few months. This information facilitates the practice review planning process.

Audit:	Expected Date of Completion:
Review:	Expected Date of Completion:

7. PROFESSIONAL DEVELOPMENT

Does each partner and senior professional staff member responsible for file review over the last 3 years comply with the current established Continuing education requirements?

YES
☐

NO
☐

See CPA Alberta Regulation Section 16 and CPA Alberta Directives Section 4.9.

If "no", please explain:

Does the firm have a system whereby all professional practice updates are reviewed on a timely basis by all parties involved in completing the engagements? If so, what system? If no, how is this information communicated?

Please explain:

8. INDEPENDENCE

Has or is the firm engaged to provide services to relatives, organizations or companies with whom partners or staff are associated within the last 12 months? Has the firm provided services to any organization with prohibitions or **significant** independence threats as defined in Rule 204 of the CPA Alberta Rules of Professional Conduct? If so, provide a list of such clients including the type of engagement and a description of the relationship.

Client Name	Type of Engagement	Description of Relationship Independence/Prohibition Threat
1.		
2.		
3.		

NOTE: Indicate what revisions have been made to the standard communication attached to the financial statements or financial information for the above stated clients. Please have the revised communication wording available for the Practice Reviewer.

Practice Review

SCHEDULING QUESTIONNAIRE

9. CONFLICT OF INTEREST

Has a client of the firm faced a situation which may cause a conflict of interest with the firm within the last 12 months? Examples of such situations would include clients that have had a shareholder disagreement, separation of corporate shareholders, or the divorce of joint shareholders. See Rule 210 of the CPA Alberta Rules of Professional Conduct. If yes, please provide a list of such clients including the type of engagement and a description of the situation.

Client Name	Type of Engagement	Description of Situation
1.		
2.		
3.		

If yes, please describe the firm's policy to protect the confidentiality of parties involved in the situation:

10. ENGAGEMENT DETAILS

List the engagements for work which has been done within the past 2 years and which involved any of the following:

Code	Feature
(a)	Discounting of fees
(b)	Difficult valuation or disclosure issues
(c)	Significant impact of applying new accounting standards
(d)	Work obtained by competitive proposal
(e)	Work performed as an agent of the Office of the Auditor General of Alberta
(f)	Cannabis industry
(g)	Blockchain technologies and/or cryptocurrencies

Please indicate whether feature (a), (b), (c), (d), (e), (f) and/or (g) apply, as well as the type of engagement (audit or review), fiscal year end and the date work was completed.

Client Name	Type of Engagement	Fiscal Year End	Code Feature	Completion Date
1.				
2.				
3.				

(If there is insufficient space, please attach a separate schedule)

Practice Review
SCHEDULING QUESTIONNAIRE

11. ACCOUNTING STANDARDS

Has your firm issued an opinion on financial statements prepared using the following basis of accounting?

	YES	NO
<i>CPA Canada Public Sector Accounting Handbook</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>US Generally Accepted Accounting Principles (list clients below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>CPA Canada Handbook – Accounting</i>		
Part I – International Financial Reporting Standards (IFRS)		
private entities <i>(list clients below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
public entities	<input type="checkbox"/>	<input type="checkbox"/>
Part II – Accounting Standards for Private Enterprises (ASPE)	<input type="checkbox"/>	<input type="checkbox"/>
Part III - Accounting Standards for Not-for-Profit Organizations	<input type="checkbox"/>	<input type="checkbox"/>
Part IV – Accounting Standards for Pension Plans	<input type="checkbox"/>	<input type="checkbox"/>

Private Clients Following IFRS	Partner	Fiscal Year End

Clients following US GAAP	Partner	Fiscal Year End

12. INVOLVEMENT WITH REPORTING ISSUERS

	YES	NO
a) Is your firm a Canadian Public Accountability Board (CPAB) participating audit firm?	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes”, does your location issue reports on listed entity financial statements?	<input type="checkbox"/>	<input type="checkbox"/>
If “No”, do you intend to become a CPAB participating audit firm?	<input type="checkbox"/>	<input type="checkbox"/>

b) If your firm performs any audits or reviews of companies under the auspices of securities regulatory authorities, please list these engagements:

Client Name	Partner	Fiscal Year End

c) Indicate if your firm has been involved with any reporting requirements with a listed entity in respect of interim financial statements, initial public offerings, etc.

Practice Review
SCHEDULING QUESTIONNAIRE

13. SPECIAL AUDITS

Does your firm perform any special audits (audits of compliance for government grants, local authorities, pensions or for any other regulatory authority)?

YES
☐

NO
☐

If yes, please specify which CPA Canada Handbook – Assurance Standards followed:

14. HANDLING PROPERTY OF OTHERS

Does the firm or its partners (on an individual basis), staff or related entities act as custodian for trust funds (including fees held in advance without a retainer agreement) or act in any other fiducial or custodial capacity as defined in Rule 612 of the CPA Alberta Rules of Professional Conduct?

YES
☐

NO
☐

If yes, please list the trust funds:

Name of Client	Description of Relationship	Partner Responsible

15. FUTURE ORIENTED FINANCIAL INFORMATION (FOFI)

Has the firm been involved in preparation of any financial forecasts or projections in accordance with CPA Canada Handbook – Assurance; AuG-16 – Compilation of a financial forecast or projection within the last 2 years?

YES
☐

NO
☐

If yes, please specify:

16. CORPORATE FINANCE ENGAGEMENTS

Has the firm performed any Corporate Finance Engagements as defined in Rule 204.4 paragraph 33 of the CPA Alberta Rules of Professional Conduct?

YES
☐

NO
☐

If yes, please specify:

Practice Review
SCHEDULING QUESTIONNAIRE

17. REPORTS ON APPLICATION OF ACCOUNTING PRINCIPLES

Has the firm been involved in providing a written report or oral advice as defined by CPA Canada Handbook – Assurance; 7600 within the past 2 years (e.g., has your firm been involved in providing a written report or oral advice on the application of accounting principles for which another firm of accountants has been engaged to report on)?

YES
☐ **NO**
☐

If yes, please specify:

18. SPECIAL PURPOSE FRAMEWORKS

Has the firm reported on any financial statements within the past 2 years using Special Considerations – audits of financial statements prepared in accordance with special purpose frameworks (CPA Canada Handbook – Assurance; CAS 800)?

YES
☐ **NO**
☐

If yes, please provide a list of clients:

19. BUSINESS TRANSACTIONS

Has the firm entered into business transactions with clients within the past 2 years (e.g. common shareholders, loans advanced, etc.)?

YES
☐ **NO**
☐

If yes, please describe the situation:

20. CONTINGENT FEES (Rule 215 of the CPA Alberta Rules of Professional Conduct)

Has the firm received contingency compensation for services from clients or other parties within the past 2 years?

YES
☐ **NO**
☐

If yes, please describe the compensation and services provided (e.g. insurance companies, brokers, wealth management firms):

21. PROFESSIONAL LIABILITY INSURANCE

Please attach a copy of your policy "Declaration" page (provided by your Insurer) as evidence of having coverage as required by CPA Alberta Bylaw 801 or CPA Alberta Regulation 18(1).

***Note the attachment should indicate Professional Liability coverage limits per claim and in aggregate as well as time frame for which the coverage is valid.**

Practice Review
SCHEDULING QUESTIONNAIRE

22. SAMPLE REPORT

Please attach a copy of a sample Compilation, Review or Auditor's Report signed by the firm within the last 6 months as evidence that the firm is practicing professional accounting using the name and descriptive style required by CPA Alberta Rules of Professional Conduct, Rules 401 and 402.

23. FIRM QUALITY CONTROL

If the firm performs assurance engagements (i.e. audit and/or review):

- a) Does the firm have established and documented quality control policies and procedures as required by CPA Canada Handbook – Assurance; CSQC1 (or CSQM 1 and 2 if adopted)?
- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

- b) Please describe the firm's policies and procedures to monitor the firm's quality control:

- c) When did the firm last perform monitoring of the firm's system of quality control? Please also indicate who performed this monitoring.

- d) When did the firm last perform an inspection of at least one completed engagement for each partner? Please indicate who performed this monitoring.

- e) Has the firm recently undergone a Canadian Public Accountability Board (CPAB) Inspection?
- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

If yes, specify the date: _____

Practice Review SCHEDULING QUESTIONNAIRE

PREFERRED PRACTICE REVIEW TIMING:

In order to schedule your upcoming practice review, please provide your firm's preferred dates during the period specified in the notification email. Please note that while we do our best to accommodate a firm's request (while also considering the Practice Reviewer's availability), the sooner we receive your firm's completed questionnaire, the more likely it is that your requested date will be accommodated.

1st Choice: _____

2nd Choice: _____

Note: List only the dates within the specified time period. If you are requesting dates that are not within the specified time period, please provide explanation below.

Brief explanation (example surgery):

Information completed by: _____
(Please print name)

Date: _____

Signature: _____

Privacy Policy

Under the CPA Alberta Privacy Policy, personal information may be collected to determine if registrants are:

- Meeting continuing competency requirements
- Meeting continuing professional education requirements
- Providing candidates with appropriate training
- Meeting professional liability insurance limits and coverage
- Meeting professional and ethical standards

This information may be collected, used and disclosed without consent, but any information so collected will be used and disclosed in accordance with the provisions of the Chartered Professional Accountants Act, regulations, bylaws and resolutions. These documents are available on our website at <http://www.cpaalberta.ca/>.

Information collected during the practice review process is presented to the Practice Review Committee on an anonymous basis to protect the identity of the firm, its members and its clients. Only CPA Alberta staff is knowledgeable of the identification of the firm.