

PROFESSIONAL ACCOUNTING FIRM NEW APPLICANT - AFFILIATE ASSESSMENT FORM

In accordance with Section 50 of the *Chartered Professional Accountants Act* (CPA Act), each CPA member that wishes to apply for registration as a professional accounting firm (PAF) must demonstrate evidence of meeting any education and experience requirements as set out in the regulations. In conjunction with this requirement, each CPA member that is a partner, proprietor or has responsibility for an entire public accounting engagement, must complete the following form and provide information as presented.

Section 1 – MEMBER INFORMATION

Last Name: _____ First Name: _____

CPA Canada ID #: _____ Phone No.: (____) _____ - _____

Designation ☐ CPA, CGA ☐ CPA, CMA ☐ CPA, CA ☐ CPA

Section 2– REASON FOR ASSESSMENT

☐ New Sole-Proprietor ☐ New Partnership ☐ New LLP

Name of Partner(s) (if applicable): _____

Section 3 – AFFILIATE LICENSE

Which province(s) are you registered/licensed to provide services? _____

Are you looking to provide additional services in Alberta beyond what you are registered/licensed to provide in the province(s) indicated above? ☐ Yes ☐ No

If so, what are the additional services? _____

You will be required to complete a *Verification of Public Practice License/Registration* form and have it validated by the provincial accounting body where you currently hold license/registration.

Section 4 – PRACTICAL EXPERIENCE SUMMARY

- a) Provide information pertaining to practical experience you have obtained in public accounting **within the most recent five (5) years.**

Professional Accounting Firm/ Employer	Position Title (e.g. Manager, Team Leader)	Start Date (mm dd yyyy)	End Date (mm dd yyyy)	Full-Time (FT) or Part-Time (PT) If PT, provide % of year

- b) A detailed chronological Curriculum Vitae (CV) which includes the following information is to be submitted:
- The name and locations of all employers (current and previous)
 - The position/title held at each employer
 - The duration of each position/title with beginning and end dates
 - A description of each position/title and the nature of the experience gained

Section 5 – AREAS OF PRACTICE

Which of the following areas of practice do you plan to engage in? (check all that apply):

FOUNDATIONAL AREAS:

- | | |
|--|---|
| <input type="checkbox"/> Audit engagement | <input type="checkbox"/> Compilation engagement |
| <input type="checkbox"/> Review engagement | <input type="checkbox"/> Accounting services |
| <input type="checkbox"/> Specified auditing procedures | <input type="checkbox"/> Advice, interpretation, or filing of tax returns or other statutory information filing |

OTHER AREAS:

- | | |
|---|--|
| <input type="checkbox"/> Business valuation | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Insolvency | <input type="checkbox"/> Forensic accounting, financial investigation or financial litigation support services |

Section 6 – EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT

For the purposes of section 13 of the CPA Regulations, an applicant must provide evidence of recent and relevant education and continuing professional development in each of the foundational areas of practice, as well as any other area of practice the firm plans to conduct practice.

FOUNDATIONAL AREAS:

- Generally Accepted Accounting Principles (GAAP)
- Generally Accepted Auditing Standards (GAAS)
- Corporate taxation
- Personal taxation
- Compilation standards
- Assurance standards

OTHER AREAS:

- Forensic accounting, financial investigation or financial litigation support
- Business valuation
- Insolvency practice, including acting as a trustee in bankruptcy, a liquidator, a receiver, or receiver-manager

CONTINUING PROFESSIONAL DEVELOPMENT – Provide information regarding relevant CPD in the areas of practice you plan to conduct practice in that was completed **within the LAST FIVE (5) YEARS**.

Area of practice as identified above	CPD activity (course, conference, seminar) and topic	Date(s)	Hour(s)	Course provider, source or audience

Note: If necessary, additional information should be provided on a separate page. You may choose to provide your CPD details in a format other than above, however, you must clearly identify each CPD activity and which specified area of practice it relates to. Any such document must be attached and forms a part of this assessment.

Section 7 – MEMBER DECLARATION

I declare that all information given is true and complies with the provisions of the *Chartered Professional Accountants Act* and with the CPA Regulation, Bylaws, Council Resolutions, Rules of Professional Conduct, and Directives of CPA Alberta.

I authorize CPA Alberta to obtain such information concerning education, training, experience and status, as you require to determine my eligibility to conduct the services indicated above. I understand that the Registration Committee may request additional information from me and that I may be requested to attend a meeting when my assessment is being considered.

Signature

Date

Section 8 – ASSESSMENT FEE**FEE SCHEDULE**

\$ 100.00	Assessment Fee - Due and payable upon submission of Assessment form
<u>5.00</u>	Taxes on Assessment Fee (GST [# 10690 4287 RT0003])
<u>\$ 105.00</u>	Total owing upon submission of Assessment form

If you submit a Professional Accounting Firm (PAF) application within six (6) months from the date of this assessment, the Assessment fee will be credited towards the PAF registration fee.

Accepted methods of payment:

By Cheque: Payable to CPA Alberta with a copy of this assessment.

By Credit card:

Online: Please log in online to the **Member portal** using your member credentials and navigate to **Service Requests** menu. Select **PAF Assessment** under the Payment type and enter the amount (excluding GST) under the **Payment Amount**. GST will automatically be calculated. Refer to the "How to Pay Fees" pamphlet attached or located on our website at https://www.cpaalberta.ca/-/media/Files/Members/Member-Fees/How-to-Pay-Fees/CPAAB-Services-How-To-Instructions_2020.pdf for instructions on how to pay online.

By Phone: 1-800-232-9406 and request to speak to a Finance department representative to provide your credit card information over the phone.

Credit card payments will only be accepted through the payment methods listed above. Please refrain from sending your credit card information via email, fax or on any of our paper forms.

SUBMIT to CPA Alberta office**Edmonton Office**

1900 TD Tower, 10088 – 102 Avenue
Edmonton AB Canada T5J 2Z1
T. 780 424.7391 F. 780 425.8766 1 800 232.9406

Email to:

PAF@cpaalberta.ca

Calgary Office

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