

International Accountants belonging to the Global Accounting Alliance (GAA) seeking the Canadian CPA Designation

CPA Canada entered an RMA on behalf of all Canadian CPA bodies with the following GAA Member Bodies.

- Chartered Accountants Australia and New Zealand (CA ANZ)
- Institute of Chartered Accountants in England and Wales (ICAEW)
- Chartered Accountants Ireland (CA Ireland)
- Hong Kong Institute of Certified Public Accountants (HKICPA)
- Institute of Chartered Accountants of Scotland (ICAS)
- The South African Institute of Chartered Accountants (SAICA)

Eligibility Requirements

If you hold a GAA Member Body CA credential, you may be eligible to obtain the Canadian CPA designation via this RMA if you are a member in good standing with your GAA Member Body, and you meet the following additional criteria:

- You have completed the education and training route of the respective GAA Member Body.
- You have completed a pathway under an approved credit or other scheme arrangement that does not include exemption from the final qualifying exam of the certification.

Exclusions

Members who obtained their GAA Member Body credential by qualifying under a reciprocal agreement that the respective GAA Member Body may have with another professional accountancy organization are not eligible under this agreement. This includes all mutual recognition agreements, reciprocal membership agreements and other similar agreements which the GAA Member Body may have had at any time.

Pathway to the Canadian CPA Designation for GAA Member Body Members

To obtain the Canadian CPA designation, eligible GAA Member Body applicants must register with CPA Nova Scotia by completing the following steps:

1. Complete the *RMA/MRA International Applicant Form* and send it to registrations@cpans.ca.
2. Complete the *Request for Certification of Membership with a GAA Member Body*, have it certified by your GAA Member Body and return it directly to CPA Nova Scotia to registrations@cpans.ca.

- CPA Nova Scotia will accept confirmation in letter format of the information included in the *Request for Certification of Membership with a GAA Member Body*, including that you are a member in good standing with your GAA Member Body. This confirmation letter must be returned directly to CPA Nova Scotia to registrations@cpans.ca.
3. Provide proof of your legal name as evidenced by acceptable government issued documentation (i.e., passport or citizenship card).
 4. Provide a detailed chronological resume showing positions held, start and end dates, and including roles and responsibilities.
 5. At the time the application is submitted, the applicant must provide evidence of legal entitlement to work in a CPA Canada jurisdiction or be prepared to provide evidence of legal entitlement to work in a CPA Canada jurisdiction within the first two years of membership. Applicants who are not legally entitled to work in a CPA Canada jurisdiction will be granted conditional acceptance based on the requirement to provide evidence within the first two years of membership.
 6. Pay the member application fee of \$400 plus HST.

In order to maintain membership with CPA Nova Scotia through this agreement, the applicant must successfully complete the *CPA Reciprocity Professional Development* course (CPARPD) within two years of the applicant's official membership admission date. This course consists of approximately 20 hours of online study in Canadian tax, law, and ethics in modular form. Applicants must register for this course through CPA Nova Scotia. Information will be provided to you at the time of your acceptance to membership. Public accounting licensing applicants who pass the CPA Reciprocity Education and Examination (CPARE) program within two years of obtaining membership with CPA Nova Scotia are not required to also complete the CPARPD.

The information on this form is collected, stored and used in accordance with any privacy legislation in the province to which you are applying, and is collected for the purpose of processing your application for membership. Questions or concerns about the collection and use of the information should be directed to the Privacy Officer of the provincial/regional CPA body of which you are requesting membership. Contact information is available on page 5 of this form.

Complete the form and send to the province/region where you intend to seek registration.

A. PERSONAL INFORMATION*

Title: Mr. Ms. Mrs. Miss Other/Prefer not to answer Gender identity: F M Other

Registered Name: (Attach proof of legal name)

Family name:

Given name(s): Birth date: (mm/dd/yyyy)

Former Legal Name (name under which the professional accounting qualification of the accounting body outside Canada was gained if different from Registered Name indicated above):

E-mail:

Check if this is your preferred email address

Postal address: Unit:

City: Province/State:

Postal/Zip Code: Country:

Residential Phone: Residential Fax:

Check if this is your preferred mailing address

B. CURRENT EMPLOYMENT

Employer Name: Position Title:

Employer Address: Unit:

City: Province/State:

Postal/Zip Code: Country:

Employment Phone: Employment Fax:

Employment Email:

Check if this is your preferred mailing address Check if this is your preferred email address

*It is your responsibility to keep your contact information current with your CPA body. By providing an email address, you will receive important regulatory communications by email.

C. REGISTRATION

I intend to seek registration in the province/region of:

Have you previously been an applicant or registrant of another provincial/regional CPA body? Yes No

If the answer is Yes, please specify which CPA body:

D. LANGUAGE PREFERENCE

All documents must be in French or English if you applying in Quebec or New Brunswick, and in English if you are applying in all other provinces/regions.

I understand and can speak and write in: English French Both English and French

E. PROFESSIONAL ACCOUNTANCY QUALIFICATIONS

List the details of your Professional Accountancy qualifications.

Name of professional accounting body	Membership number and designation	Date of the final exam passed (mm/dd/yyyy)	Country or State in which the designation was earned	Date admitted as member (mm/dd/yyyy)	Last date as member in good standing (mm/dd/yyyy)

F. EDUCATION INFORMATION

Starting with the most recent, please list the details of your post-secondary education, including all colleges, universities and institutions you attended.

Degree(s) (BCOMM, BA, etc.)	Name of institution, city and country	Date received (mm/dd/yyyy)

G. PRE-QUALIFICATION EXPERIENCE

Starting with the most recent, provide the following information as it pertains to your relevant work experience prior to earning your accounting credential. Attach separate page(s) if more space is required..

Country and/or state where you obtained experience	Employer name	Position and nature of experience	Duration of experience (mm/yyyy to mm/yyyy)

H. POST-QUALIFICATION EXPERIENCE

Starting with the most recent, provide the following information as it pertains to your relevant work experience after earning your accounting credential. Attach separate page(s) if more space is required.

Country and/or state where you obtained experience	Employer name	Position and nature of experience	Duration of experience (mm/yyyy to mm/yyyy)

I. LICENSURE / AUTHORIZATION TO PRACTICE

If you intend to practice public accounting, contact the provincial/regional CPA body in which you intend to practice, as public accounting eligibility requirements vary by jurisdiction.

J. PERMISSION TO WORK OR STUDY IN CANADA

Are you lawfully permitted to work or study in Canada?

Yes No

Are you lawfully permitted to work or study in Bermuda? (if applicable)

Yes No

K. APPLICANT'S CHARACTER

PLEASE USE A SEPARATE SHEET TO EXPLAIN ANY 'YES' ANSWERS	YES	NO
Have you ever been convicted of a criminal offence or other similar offence for which a pardon has not been granted or are there any charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a professional licence or permit suspended or revoked as a result of a disciplinary matter?	<input type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, subject to a disciplinary decision by a regulatory body, or a professional body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been expelled from a professional society or institute?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been found guilty of a violation of securities regulatory authority legislation or tax authority legislation?	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the above information and all other information given in this application are true and correct. I acknowledge and agree that it is my responsibility to provide the CPA body with all required information and documentation acceptable to the CPA body and to pay to the CPA body the applicable fee for this application. I further acknowledge and agree that the CPA body may not consider this application to be complete in all respects and may not process, assess or accept this application if any of the required information or documentation acceptable to the CPA body has not been filed with the CPA body or if the applicable fee has not been paid to the CPA body. I hereby certify that the personal information I have provided to the CPA body is accurate and has been freely given. I authorize the CPA body to verify the information provided or to obtain from the organizations concerned any information relevant to this application.

I understand that any false or misleading statement contained in my application may be used by the CPA body in any proceeding respecting the validity of my application or my status as an international applicant with the CPA body.

I undertake that, if I am admitted as a member, I will be governed by the CPA Act, Bylaws, Bylaw Regulations, and Rules/Code of Professional Conduct, as may be amended from time to time.

Upon admission to membership, I understand and authorize that information provided on this form will form part of my member record and will be used by the CPA provincial/regional body for administration purposes. I understand that all information will be treated confidentially.

Print Name

Signature

Date (mm/dd/yyyy)

REQUIRED DOCUMENTATION

Proof of legal name

All applicants are required to provide proof of legal name (i.e. birth certificate, passport, or while neither Canadian citizenship nor landed immigration status is required to be accepted as an applicant, Canadian citizenship or landed immigrant identification card may be provided).

Please provide an affidavit sworn before a commissioner of oaths or notary public as documentation of proof of a change in the legal name, such as a legal change of name document issued by a government or government authority, a court order or decision, or a marriage or divorce certificate that shows both the former legal name and the current legal name.

All applicants must provide full details of their certification by a US state board of accountancy or of membership in an accounting body outside Canada. The state board or other accounting body is to return the completed document directly to the CPA body.

Applicants may wish to supplement the completed form with additional information showing how they meet the competencies required.

Contact the provincial/regional CPA body in which you want to apply to obtain details relating to your application.

Chartered Professional Accountants of Alberta
900 TD Tower
10088 - 102 Avenue
Edmonton, Alberta T5J 2Z1
Toll free: +1 780.424.7391
Fax: +1 780.425.8766
Email: info@cpaalberta.ca
Web site: www.cpaalberta.ca

Chartered Professional Accountants of Bermuda
Penboss Building
50 Parliament Street, Hamilton HM 12
Bermuda
Phone: +1 441.292.7479
Fax: +1 441.295.3121
Email: info@cpabermuda.bm
Web site: www.cpabermuda.bm

Chartered Professional Accountants of British Columbia
800 – 555 West Hastings Street
Vancouver, British Columbia V6B 4N6
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Fax: +1 604.681.1523
Email: members@bccpa.ca
Web site: www.bccpa.ca

Chartered Professional Accountants of Manitoba
1675 One Lombard Place
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Toll Free: 1 800.841.7148 (within Manitoba)
Fax: +1 204.943.7119
Email: era@cpamb.ca
Web site: www.cpamb.ca

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602 – 860 Main Street
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Web site: www.cpanl.ca

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Chartered Professional Accountants of Nova Scotia
300 – 1871 Hollis Street
RBC Waterside Centre
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Fax: +1 902.423.4505
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Web site: www.cpans.ca

Chartered Professional Accountants of Ontario
69 Bloor Street East
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Phone: +1 416.962.1841
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Fax: +1 (416) 962.8900
E-mail: ITARegistration@cpaontario.ca
Web site: www.cpaontario.ca

Chartered Professional Accountants of Prince Edward Island
600 – 97 Queen Street
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Email : equivalence@cpaquebec.ca
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101 – 4581 Parliament Avenue
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Web site: www.cpask.ca

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c/o The Chartered Professional Accountants of British Columbia
800 – 555 West Hastings Street
Vancouver, British Columbia V6B 4N6
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Fax: +1 604.681.1523
Email: members@bccpa.ca
Web site: www.bccpa.ca

Request for Certification of Membership with a GAA Member Body

Re: (Print applicant's name)

The person named above has applied for membership in Chartered Professional Accountants of
(province/region), under the Reciprocal Membership Agreement between Chartered Professional Accountants of Canada
and the (GAA member body).

Please confirm the following information:

Registered name (in full):

Date admitted to membership (mm/dd/yyyy):

Academic Qualifications: University:

This membership was gained by:

- completing prescribed practical experience of: years
- virtue of passing the qualifying examination(s) on (mm/dd/yyyy):

CONFIRMATION

is a member in good standing with the
(GAA member body). We know of no reason why membership in Chartered Professional Accountants of
(province/region) should not be granted.

If such information cannot be given, please explain why:

Name and position:

Signature:

Date (mm/dd/yyyy):

Please return the completed document directly to the address of the provincial/regional CPA body provided on page 2.

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