

**PROVINCIAL BODY CONFIRMATION
APPLICATION FOR ADMISSION ON THE
BASIS OF PROVINCIAL AFFILIATION**
(Must be completed and submitted directly by your CPA provincial body)

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:

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

In addition, we certify the following membership details:

- A. Membership date (mm/dd/yyyy) ____ / ____ / ____
- B. Designation held (check 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 |
|----------------|--------------------|--------------|
| | | |
| | | |

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:



**PROVINCIAL BODY CONFIRMATION
APPLICATION FOR ADMISSION ON THE
BASIS OF PROVINCIAL AFFILIATION**

(Must be completed and submitted directly by your CPA provincial body)

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

Name of Authorized Party
(on behalf of provincial body)

Provincial Body

X _____
Signature

Date (mm/dd/yyyy) ____ / ____ / ____