

CPA PUBLIC ACCOUNTING CHARGEABLE HOURS AND EXPERIENCE SUBMISSION FORM

Applicability and Practical Experience Requirements:

This form is to be completed by a CPA Member who is reporting CPA practical experience and chargeable hours for the purpose of seeking a right to practise public accounting. Completing the form is required when a Member has satisfied all the practical experience requirements for the public accounting stream the Member intends to provide, as listed below:

Compilation stream:

- Two of the last five years of experience in public practice, with experience being gained either through a pre-approved program route (PPR) or experience verification route (EVR) employer registered with CPA Manitoba to provide compilation (or audit or review) services
- Minimum of 625 chargeable hours in compilation engagements (hours spent on the audit or review of historical financial information are accepted as compilation hours)

Review stream:

- Two of the last five years of experience gained in a public accounting firm who has received approval as a pre-approved program route (PPR) employer in either the external audit or review stream
- Minimum of 1250 chargeable assurance hours, of which a minimum of 625 are providing assurance on historical financial information

Audit stream:

- Two of the last five years of experience gained in a public accounting firm who has received approval as a pre-approved program route (PPR) employer in the external audit stream
- Minimum of 1250 chargeable assurance hours, of which a minimum of 625 are in audits of historical financial information

Requirements for Completion:

Sections 1, 2, 3, and 4, can be completed by the Member. Section 5 must be completed by the Designated Member* at the registered firm. The form must be completed in full and signed off by the Member and the Designated Member.

Method of Submission and Questions:

Please submit this form or forward questions to the Ethics and Regulatory Affairs department at era@cpamb.ca.

Section 1: Personal Information		
Legal Name:	Designation:	CPA Member Number:
First	Middle	Last
<p>I confirm that I have completed the CPA practical experience requirements for the applicable public accounting stream: (Please check as applicable)</p> <p><input type="checkbox"/> Audit</p> <p><input type="checkbox"/> Review</p> <p><input type="checkbox"/> Compilation</p>		

Section 2: Public accounting employment Information in the last 5 years (attach additional sheets as applicable)			
Firm Name:			
Street Address:	City:	Province:	Postal Code:
Employment start date (dd/mm/yyyy):		Employment end date, if applicable (dd/mm/yyyy):	
Experience Route: (for Audit and Review streams, experience gained must be with a pre-approved program route employer) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Pre-approved Program Route (PPR) <input type="checkbox"/> Experience Verification Route (EVR) </div>			

Type of Employment (select one): <div style="margin-top: 10px;"> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Please indicate number of hours per week: _____ hours <input type="checkbox"/> Other Please specify: _____ </div>
--

Section 3: Chargeable Hours Summary				
List the chargeable hours completed in the reporting period from Section 2 in the appropriate category:				
Hours Completed	Audit HFI **	Review HFI **	Assurance other	Compilation
	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
**HFI refers to assurance engagements that are performed on Historical Financial Information as set out in the prevailing CPA Canada Handbook – Assurance (formerly the CICA Handbook – Assurance)				

Section 4: Member Confirmation	
I declare that all the information give in this form is true and correct.	
Member signature:	Date (dd/mm/yyyy):

Section 5: Employer Confirmation		
I confirm that the Member named above has completed the practical experience and chargeable hours as reported on this form.		
Designated Member* signature:	Designated Member name:	Date (dd/mm/yyyy):
<small>*Designated Member – This would be a designated CPA (CA, CMA or CGA) that is a member in good standing and currently has the appropriate public practice registration with CPA Manitoba in order to sign off on this form. For Pre-approved Program Route paths, the Designated member would be the Pre-approved Program Route Leader.</small>		