

## Section 1 – MEMBER INFORMATION

First Name		Last Name	
CPA ID#		Phone Number	
Email:			

	CPA, CA		CPA, CGA		CPA, CMA		CPA
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## Section 2– REASON FOR ASSESSMENT

New Sole-Proprietor

New Partnership

New LLP

New Practice Leader

Name of Partner(s) (if applicable): \_\_\_\_\_

## Section 3 – PRACTICAL EXPERIENCE HISTORY

- |   |     |    |
|---|-----|----|
| a) have you been a partner and/or proprietor of a registered professional accounting firm <b>within the last five (5) years?</b>  | Yes | No |
| b) have you acquired at least 24 months of full-time practical experience <b>within the most recent five (5) years</b> under the supervision of a member (CPA) who is registered to conduct practice in the area(s) you plan to engage? | Yes | No |
| c) have you acquired at least 2,500 overall chargeable hours?   | Yes | No |
| d) have you acquired at least 1,250 chargeable hours in assurance?  | Yes | No |
| e) have you acquired at least 625 hours of audit of historical financial information?   | Yes | No |

## 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) **Chargeable Hours Summary:** Please provide your chargeable hours for the last two calendar years.

	Audit HFI **	Review HFI **	Assurance Other	Compilation
Hours Completed				

\*\*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 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"/>	Review Engagement
<input type="checkbox"/>	Specified auditing procedures

<input type="checkbox"/>	Compilation Engagement
<input type="checkbox"/>	Accounting Services
<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"/>	Insolvency

<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Forensic accounting, financial investigation or financial litigation support services

Are you registered / licensed in another province to provide these services? Yes No

If yes, in which province(s) are you registered to provide these services? \_\_\_\_\_

## Section 6 – EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT

For the purposes of compliance Code of Conduct Rule 203, an applicant must provide a list 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

**EDUCATION** – Please indicate which of the following courses and examinations you have completed.

<input type="checkbox"/>	PDPA Taxation Module and Exam
<input type="checkbox"/>	PDPA Module and Exam
<input type="checkbox"/>	CFE – Depth of Assurance & Financial Reporting
<input type="checkbox"/>	PEP Assurance Elective
<input type="checkbox"/>	PEP Taxation Elective
<input type="checkbox"/>	CFE – depth of

<input type="checkbox"/>	Legacy CGA AU2 – Advanced External Auditing
<input type="checkbox"/>	Legacy CGA TX2 – Advanced Taxation
<input type="checkbox"/>	Legacy CMA Canada – Audit I & II
<input type="checkbox"/>	Legacy CMA Canada – Taxation I, II & III
<input type="checkbox"/>	Legacy CA Education Program
<input type="checkbox"/>	CPA or CA Reciprocity Course and Exam

**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 – ENGAGEMENT RESPONSIBILITY DETAILS**

Identify the function and the report signing authority that you will be responsible for (if any). The selected function and report signing authority identified below must coincide with the intended areas of practice selected in Section 4.

**Function**– Select one function from the following

<input type="checkbox"/>	Assurance Only (audit, review & compilation)	<input type="checkbox"/>	Business Valuation Only
<input type="checkbox"/>	Taxation Only	<input type="checkbox"/>	Insolvency Only
<input type="checkbox"/>	Assurance & Tax	<input type="checkbox"/>	Other ?

**Report Signing and/or Approval** – check (√) each service you will be authorized to perform on behalf of the professional accounting firm

Compilation (NTR) Reports	<input type="checkbox"/>
Auditor’s Report	<input type="checkbox"/>
Review Engagement Reports	<input type="checkbox"/>

## Section 8 – 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, Board Policies, Rules of Professional Conduct, and Directives of CPA Manitoba.

I authorize CPA Manitoba 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.

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Signature

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Date