

CPA PUBLIC ACCOUNTING CHARGEABLE HOURS SUBMISSION FORM

Applicability:

This form is only to be completed by CPA candidates who are reporting CPA practical experience through the profession's online Practical Experience Reporting Tool (PERT), are employed with a public accounting firm and need to report chargeable hours for the purpose of meeting the requirements of their position. Completing the form is required when a CPA candidate switches employment from one pre-approved program to another pre-approved program within the same or a different firm, switches from a pre-approved program route to an experience verification route (or vice versa), terminates employment, or when the candidate has satisfied all the CPA practical experience requirements for membership.

Requirements for Completion:

Sections 1, 2, 3 and 4 can be completed by the CPA candidate. Section 5 is only applicable when the candidate is reporting hours in an experience verification route (EVR) position or for a secondment and must be completed by the Designated Member* at the firm. The form must be completed in full and signed off by both the CPA candidate and the Designated Member (when applicable).

For pre-approved programs, no Program Leader signature is required on this form. The Program Leader will certify the accuracy of these chargeable hours when completing the Certification process after the candidate requests a CPA review in PERT.

Method of Submission:

Candidates must attach this completed form to the relevant experience report in PERT. Instructions on submitting an experience report in PERT for assessment can be found in the user guides contained within PERT.

Questions:

For questions on how to complete this form and/or how to complete/submit an experience report through PERT, please contact practicalexperience@cpamb.ca.

1 Personal Information					
Legal Name:			CPA Number:		
First	Middle	last			
First Reason for submitting this		Last			
1. I have completed the 2. I am leaving my pos	CPA practical expe	erience requirements			
I have secured a new position in a licensed firm (please update your PERT/MyCPA portal profile) I have NOT secured a new position in a licensed firm (please update your PERT/MyCPA portal profile) I am a co-op or summer student returning to a post-secondary institution to complete degree/pre-professional education program requirements (please update your PERT/MyCPA portal profile)					
Check this box if you have updated your PERT/MyCPA portal profile:					
2 Employment Information					
Firm Name:					
Street Address:		City:	Province:	Postal Code:	
Start of Reporting Period (dd/mm/yyyy): End of Reporting Period (dd/mm/yyyy):					
Experience Route and Category:					
Pre-approved Program Route (PPR) Experience Verification Route (EVR)					

If you selected PPR, please state the name of pre-approved program at above named employer:					
	(see PERT if unsure)				
	(655.2				
Type of Employment (select one):					
Full-time					
Part-time					
Co-op Summer					
If any of the time reported above was on a secondment,	, please indicate the following:				
Secondment Start Date :					
Secondment End Date :					
Firm Name:					
Firm Location:					
CPA PER S. 4.3 states that CPA candidates may work on more than one secondment assignment; however, no more than 12 months of the total 30-month duration will be recognized towards the fulfillment of CPA practical experience requirements.					
Chargeable Hours Summary					
List the chargeable hours completed in the current reporting period in the appropriate category:					
Audit HFI** Review HFI** Assurance other Compilation Hours Completed					
nours completed					
**HFI refers to assurance engagements that are performed on Historical Financial Information as set out in the prevailing CPA Canada Handbook – Assurance					
4 CPA Candidate Confirmation					
I declare that all the information given in this form is true and correct.					
CPA Candidate Signature:	Date (dd/mm/yyyy):				
5.7. Santa att 5.8. att 1.					
Employer Confirmation: To be completed by secondment and EVR employers only					
I confirm that the CPA candidate named above has obtained the chargeable					
hours during the reporting period as indicated above.					
Designated Member* Signature: Designated N	Member Name: Date (dd/mm/yyyy):				
*Designated Member - This would be a designated CPA (CA, CGA, CMA) that is a member in good standing and currently has the appropriate public practice registration with the applicable provincial body in order to sign off on this form.					
Pre-Approved Program Leader Sign-off of Chargeable Hours Reported					
No Program Leader signature is required on this form. The Program the Certification process after the candidate requests a CPA Review	m Leader will certify the accuracy of these chargeable hours when completing w in PERT.				