

## CA School of Business - Student & Support Services

301, 1253 91 Street SW  
Edmonton, AB T6X 1E9  
Tel: 780 420.2350 Fax: 780 424.8041 Toll Free: 1 866 420.2350  
[www.casb.com](http://www.casb.com)

## CHANGE OF CA TRAINING OFFICE

This form is to be completed when a currently registered student changes training office employment. This would include students transferring from an Assurance-based Public Practice route to an Expanded Experience Opportunity (EEO) route within the same office. Students should ensure that a Confirmation of Practical Experience form is submitted from their previous employer. All students who commenced employment after September 1, 2009 and all students currently employed in an EEO should remember to take each completed Record of CA Qualifying Experience (RQE) with them to their new CA Training Office.

**Student Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_  
(Print) First Middle Last

**Are you moving to an Expanded Experience Opportunity (EEO) route?**  Yes  No

*Please note: If you answered "YES" to the above question and you are moving to/within a CA firm, please specify the department/area in the New CA Training Office Information section.*

### Home Information:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Home Email: \_\_\_\_\_

### New CA Training Office Information:

Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Direct Line: \_\_\_\_\_  
Business Email: \_\_\_\_\_

Preferred Mailing Address:  Home  Business Preferred Email Address:  Home  Business

### GOVERNANCE CHANGE REQUEST (if applicable)

I hereby request to change my provincial governance affiliation from the Institute of Chartered Accountants of \_\_\_\_\_ to the Institute of Chartered Accountants of \_\_\_\_\_.

I understand that by signing this request, I agree to comply with the provisions of the Regulated Accounting Professions Act (RAPA) of Alberta or the Chartered Accountants Act of Manitoba, Saskatchewan or BC as requested above.

## CHARACTER & REPUTATION

The following questions are provincial legislative requirements to establish that an applicant has good character and reputation. **If the answer is yes to any question below, contact CASB Student & Support Services for information on the additional details and documents that must be provided.**

- a) While registered as a student or member of any Accountants' Institute, Association, Society or College have you ever:
- i) had a finding of unprofessional conduct against you through the discipline process of that organization?  Yes  No
  - ii) been removed involuntarily from the register of that organization?  Yes  No
- b) Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors?  Yes  No
- c) Have you ever been convicted of a criminal offence of any country?  Yes  No
- d) At present, do you have any charges outstanding under the criminal law in any country?  Yes  No
- e) Have you ever been found guilty of breaching a section of securities regulatory authority legislation?  Yes  No
- f) Have you ever been found guilty of an academic rules infraction at any post secondary educational institution?  Yes  No

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

## TO BE COMPLETED BY TRAINING PRINCIPAL OF NEW CA TRAINING OFFICE

I certify this applicant for the purpose of continuing admission in the CA School of Business, and as part of that sponsorship undertake to employ the applicant full-time/part-time (**circle one**) in my office:

- a) Commencing \_\_\_\_\_, or  
mm / dd / yy
- b) Subject to an unconditional offer of employment in the office, said employment to commence on a full-time/part-time (**circle one**) basis commencing on \_\_\_\_\_.  
mm / dd / yy
- c) **BRITISH COLUMBIA STUDENTS ONLY**  
Choose one of the following categories:  Review Practicing Certificate  Audit Practicing Certificate

I recommend the above named student as being of good moral character to be registered by CASB as a student. I assume responsibility for providing the student with the opportunity to participate in our CA Training Program, which is approved by the Institute of Chartered Accountants of \_\_\_\_\_, and for providing the student with appropriate supervision, as long as their performance is satisfactory and their services are required in accordance with the Bylaws and Regulations of the Institute of Chartered Accountants of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Training Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (Please Print)

**Protection of Privacy** – Every effort is made to protect personal information. The personal information requested on this form is collected under applicable federal and provincial legislation and the CA School of Business' policies and guidelines on data management, data access and data use. Information collected relates directly to and is necessary to meet CASB's mandate and responsibilities. It may be used for: admission, registration, academic evaluation, income tax receipts, student dues, convocation, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, General Registrations, 301, 1253 91 Street SW, Edmonton, AB, T6X 1E9, email – generalregistrations@casb.com, phone – 1 866 420 2350 or local - 780 420 2350.