

CA School of Business - Student & Support Services
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CONFIRMATION OF PRACTICAL EXPERIENCE CERTIFICATE

Student Name: _____ **Student #:** _____
 (Print) First Middle Last

Reporting CA Training Office: _____ **City:** _____

REASON FOR SUBMISSION (please check appropriate boxes)

1. Completion of practical experience requirements including minimum chargeable hours. (Note: Submission of this form does not initiate the confirmation of standing to a provincial institute (PICA) for membership application – please check with your PICA for information specific to your location).
2. Leaving CA Training Office:
 - a) changing CA Training Office employer (please complete page 2);
 - b) returning to university to complete degree/pre-professional education program requirements;
 - c) wish to maintain student registration to facilitate the next available attempt at a CASB module offering (no new CA Training Office employment secured); or
 - d) request that student registration be cancelled as I no longer wish to continue working towards the CA designation.
3. Other: Please specify (e.g. out of province, foreign experience) _____

Note: Overtime hours cannot be used to reduce the period of the experience requirements or to establish an earlier completion date, but can be used toward meeting minimum chargeable hour requirements.

PERIOD OF EXPERIENCE

For period of experience purposes, one week is five days and no more than five working days in a week should receive period of experience credit (see overtime note above). Please report time in total days accumulated. One month is equal to 21.75 working days.

TYPE OF EMPLOYMENT FOR REPORTING PERIOD Full-time
 Part-time (information explaining part-time arrangement should be attached)

| EMPLOYMENT PERIOD | CALCULATION OF EXPERIENCE |
|--|--|
| Employment commencement date _____ mm / dd / yy | Total employment period - Total weekdays _____ |
| to end of reporting period* _____ mm / dd / yy | Less: Time not eligible for experience credit (see page 2) _____ |
| Conversion to weekdays _____ months x 21.75 weekdays/month = _____ total weekdays | Current period of experience claimed _____ |
| example <u>10.5</u> months x 21.75 = 228 total days | Plus: Period of experience brought forward from previous Training Office and reported to CASB _____ |
| | Total period of experience completed to date* _____ |
| * 30 months experience completed or employment termination date, as applicable. | *must be = or > 652.5 weekdays for 30 months experience. |

| TYPES OF EXPERIENCE (Public Practice Only) | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|
| Chargeable hours obtained: | | | | | |
| | Audit | Review | Taxation | Other | Total |
| - in reporting CA Training Office | _____ hrs | _____ hrs | _____ hrs | _____ hrs | _____ hrs |
| - with previous CA Training Office (if available) | _____ hrs | _____ hrs | _____ hrs | _____ hrs | _____ hrs |
| Total chargeable hours completed to date | ===== | ===== | ===== | ===== | ===== |

Continued on page 2

CONFIRMATION OF PRACTICAL EXPERIENCE CERTIFICATE CONTINUED

| | |
|---|---|
| <p>STATUS WITH REPORTING CA TRAINING OFFICE</p> <p><input type="checkbox"/> Will be continuing employment with CA Training Office</p> <p><input type="checkbox"/> Have left employment with CA Training Office listed on page 1</p> <p>a) <input type="checkbox"/> New approved CA Training Office to be as noted on right b) <input type="checkbox"/> No new approved CA Training Office employment arranged</p> | <p>Note: A Change of CA Training Office form must be submitted for recognition of the experience from your new firm.</p> <p>New CA Training Office: _____</p> <p>City: _____</p> <p>Start Date: _____</p> |
|---|---|

CERTIFICATE DECLARATION (for completion prior to submission to CASB)

| | |
|---|---|
| <p><u>CA TRAINING OFFICE</u> I certify that the experience provided was in accordance with the prescribed provincial institute student experience requirements and that all information on this certificate is correct. For students who commenced employment after August 31, 2004 and before September 1, 2009, I certify that the student obtained experience in the competencies prescribed in <i>The UFE Candidates' Competency Map</i>. Competency development was reviewed with the student and that the CA Training Office provided adequate supervision of the student.</p> | <p>_____ Signature – Training Principal of Reporting CA Training Office</p> <p>_____ Training Principal Name – Please Print</p> <p>_____ Date</p> |
| <p><u>STUDENT</u> I certify that the experience and other information provided on this certificate is correct and in accordance with prescribed provincial institute student requirements.</p> | <p>_____ Signature – Student</p> <p>_____ Date</p> |

EXPERIENCE EXCLUSIONS

The experience commencement date is the date on which a student first works on activities recognized for experience credit. Generally, except as noted below, all chargeable client service hours and non-chargeable time completed by a student while employed with CA Training Office(s) will receive period of experience credit.

Activities **not** recognized for experience purposes follow:

- paid or unpaid vacation in excess of three weeks per annum;
- paid or unpaid days for course(s), other than staff training programs required by the firm;
- paid or unpaid days for study leave or examination(s) except the Friday portion of the Face to Face in person sessions;
- paid leaves of absence or other days not on the job taken in lieu of overtime hours previously worked;
- sickness, bereavement or other leaves of absence (paid or unpaid) in excess of a reasonable amount as established by the approved office. As a guideline to assist in consistent application, it is recommended that such leaves taken in excess of ten regular working days per annum not be recognized for experience purposes.

Accumulated days or months associated with precluded activities shall be added to the experience completion date otherwise anticipated.

TYPES OF EXPERIENCE

Under the 30 month experience model, each student must obtain the following minimum number of aggregate chargeable hours:

| | |
|--|-------|
| Minimum total chargeable hours | 2,500 |
| Minimum assurance (audit and review) hours | 1,250 |
| Minimum audit hours (within 1,250 assurance hours above) | 625* |
| Minimum taxation hours | 100 |

* The Institute of British Columbia allows for a reduction in the minimum audit hour requirement for certification purposes (please review the specific policies of the Institute of British Columbia).

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.