

COMPETENCY BASED 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</p> <p>b) <input type="checkbox"/> No new approved CA Training Office employment arranged</p>	<p>Note: A Change of 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>
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CERTIFICATE DECLARATION (for completion prior to submission to CASB)

<p><u>CA TRAINING OFFICE</u></p> <p>I confirm on behalf of _____ that _____ was in our employ from (mm/dd/yy) _____ to (mm/dd/yy) _____ and completed our CA Training Program which is approved by the Institute of Chartered Accountants of _____.</p> <p>As part of our CA Training Program, this student's progress has been discussed with his/her Counseling Member at least semi-annually and he/she has met the progression expectations of all students in our CA Training Program.</p> <p><u>If the term of the practical experience is complete, please check here:</u> <input type="checkbox"/></p> <p>I recommend this student as being of good moral character and in my opinion he/she should be admitted to membership once he/she has satisfied all requirements to apply for CA membership.</p> <p><u>If the term of the practical experience is not yet complete, please check here:</u> <input type="checkbox"/></p> <p>I recommend this student as being of good moral character. During the above term of employment, nothing came to my attention to suggest that he/she should not be admitted to membership once he/she has completed his/her practical experience requirements. In my opinion he/she should be admitted to membership once he/she has satisfied all requirements to apply for CA membership.</p>	<p>_____</p> <p>Signature – Training Principal of Reporting CA Training Office</p> <p>_____</p> <p>Training Principal Name – Please Print</p> <p>_____</p> <p>Date</p>
<p><u>STUDENT</u> (Complete only if the term of practical experience is complete.)</p> <p>I believe that I have met the practical experience requirements of the CA profession as defined in the CA Practical Experience Requirements.</p> <p>During my term of practical experience I have gained a depth of experience in _____ and breadth of experience in _____ and _____ as documented in my Record of CA Qualifying Experience as at (mm/dd/yy) _____.</p>	<p>_____</p> <p>Signature – Student</p> <p>_____</p> <p>Date</p>

Continued on page 3

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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	<u>2,500</u>
Minimum assurance (audit and review) hours	<u>1,250</u>
Minimum audit hours (within 1,250 assurance hours above)	<u>625*</u>
Minimum taxation hours	<u>100</u>

* 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.