

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 pre-approved 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 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.

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: <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	CPA Number:
Reason for submitting this form: <input type="checkbox"/> 1. I have completed the CPA practical experience requirements <input type="checkbox"/> 2. I am leaving my position and <input type="checkbox"/> I have secured a new position in a licensed firm (please update your PERT/MyCPA portal profile) <input type="checkbox"/> I have NOT secured a new position in a licensed firm (please update your PERT/MyCPA portal profile) <input type="checkbox"/> 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) <div style="text-align: right; font-size: small;"> Check this box if you have updated your PERT/MyCPA portal profile: <input type="checkbox"/> </div>	

2 Employment Information			
Firm Name:			
Street Address:	City:	Province:	Postal Code:
Employment start date (dd/mm/yyyy):	End of reporting period or employment end date, whichever applies (dd/mm/yyyy):		
Experience Route and Category: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Pre-approved Program Route (PPR) <input type="checkbox"/> Experience Verification Route (EVR) </div>			

If you selected PPR, then please state the name of pre-approved program at above named employer:

_____ (see PERT if unsure)

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.

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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				

***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)*

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CPA Candidate Confirmation

I declare that all the information given in this form is true and correct.

CPA Candidate signature:

Date (dd/mm/yyyy):

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Employer Confirmation

I confirm that the CPA candidate named above has obtained the chargeable hours during the reporting period as indicated above.

Designated Member* signature:

Designated Member name:

Date (dd/mm/yyyy):

**Designated Member - This would be a designated CPA (CA, CMA or CGA) 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. For Pre-approved Program Route paths, the Designated Member would be the Pre-approved Program Route Leader.*