

COMPLETE PART 1 ONLY THEN SEND TO YOUR HOME PROVINCIAL CPA BODY FOR COMPLETION OF PART 2.

Part 1 – To Be Completed by the Registrant

Registered Legal Name (in full): _____

DOB: _____ CPA Canada ID#: _____
(mm / dd / yyyy)

I, _____, authorize CPA _____ to release information in relation to my application for registration as a member on the basis of affiliation with CPABC.

Signature Date (mm / dd / yyyy)

Please note CPABC may request original documentation provided to your current CPA body for registration with your current CPA body.

The information on this form is collected by CPABC under the authority of section 14 of the CPA Act [SBC 2015] for the purpose of processing your application for membership. Upon admission to membership, this information will form part of your member record and will be used by CPABC to regulate and to provide services under section 3 of the CPA Act [SBC 2015]. Should you have any questions about the collection of this information, please contact: Associate Registrar 800-555 West Hastings Street, Vancouver, BC 604-872-7222

SECTION BELOW TO BE COMPLETED BY HOME PROVINCIAL CPA BODY

Part 2 – Registrant Qualification Details

We, _____, confirm the following information related to the individual named above:

Registered Legal Name (in full): _____
First name Middle name Last name Designation

Date of Membership: _____ CPA Canada ID#: _____
(mm / dd / yyyy)

Membership gained by completing the following professional program: CPA CA CGA CMA

OR by

- Affiliation from another provincial CPA body
Please provide a copy of original *Provincial Confirmation* form (and other supporting documents) when the member was admitted to this body.

OR by

- Foreign Qualification
Name of foreign accounting organization: _____
Exam completed and date(s): _____
Please provide a copy of original *membership standing* letter (and other supporting documents) provided when the member was admitted to this body.

If applicable, Fellowship awarded on _____(mm / dd / yyyy)

Fees paid: CPA Canada Provincial resident Provincial affiliate For fiscal year ending: _____
(mm / dd / yyyy)

CPD Compliant Yes No If No, please explain _____

CPD reduction received Yes No If Yes, state reason _____

Member has reported:

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Please indicate if the member is the subject of a complaint, investigation, disciplinary proceeding or finding, order or settlement in respect to a disciplinary matter.

Academic qualification (if available):

Degree Granted	University	Date Granted

For legacy completers or CPA program completers:

Basis of Admission	CPA	Legacy CA	Legacy CMA	Legacy CGA
Year of completion of education program:	(date passed CFE)	(date passed UFE)		
Practical experience duration completed (if applicable):				
Province of first membership:				
Date of first membership:				

We know of no reason why registration as a member with CPA British Columbia should not be granted.

Name of CPA body

Date (mm / dd / yyyy)

Print Name and Position

Signature

Phone

Email

RETURN COMPLETED FORM TO: cpabapplications@bccpa.ca