

Form 2A Application for Authorization of Practising Office

Form 2A is to be used by members who are applying for authorization for a practising office of a registered firm in British Columbia under Part 9 of the Bylaws and Bylaw Regulations. A separate copy of Form 2A must be submitted for each practising office in British Columbia for which authorisation is being sought.

Form 2A should be accompanied by:

- The applicable application fee for authorization of the practising office; and
- Proof of professional liability insurance coverage sufficient to satisfy the requirements under Bylaw Regulation 1301/1 for all members of CPABC who will be engaged in public practice at or in association with each authorized practising office of the firm, including a copy of the policy endorsement.

The applicant must be a member in good standing of the Chartered Professional Accountants of BC with a direct or indirect proprietary interest in the firm.

Applicant name: _____ Applicant membership #: _____

Firm name: _____

Physical address of practising office: _____

Mailing address of practising office (if different): _____

Telephone: _____ Fax: _____ Web: _____

1. Date practising office will commence: _____

2. Will files be kept at the above physical address? Yes No

If no, please provide address where files will be kept.

3. Please identify the CPA member who will be in charge of the office and responsible for its management under Bylaw Regulation 904/1:

Name: _____ Telephone: _____ E-mail: _____

4. Please provide the following information in respect of all personnel who will be practising or employed at or in association with the practising office (excluding personnel who are practising or employed at another practising office of the firm):

NUMBER OF STAFF			
CPA Partner/Proprietor		CPA Student	
Authorized Staff Member*		Accounting Engagement Staff	
CPA Non-Partner		Administrative Staff	
Other Partner			

* Authorized Staff Member is an individual who has overall engagement responsibility where his/her activities are included in the definition of public practice and, as such, are subject to practice review.

5. Please list the names and professional designation of every CPA and non-CPA partner or authorized staff member in the firm who will be carrying on public practice at or in association with this practising office. (Attach a separate sheet if more space is required.)

Name: _____ Designation: _____ Membership # _____

Name: _____ Designation: _____ Membership # _____

Name: _____ Designation: _____ Membership # _____

Name: _____ Designation: _____ Membership # _____

6. Please list the names of CPA staff who will be providing services to the public at or in association with this practising office. (Attach a separate sheet if more space is required.)

Name: _____ Membership # _____

Name: _____ Membership # _____

Name: _____ Membership # _____

Name: _____ Membership # _____

7. Please list the names of any CPA members under questions 5 or 6 who are holding their interest or practising through a professional accounting corporation. Provide the name of the corporation. (Attach a separate sheet if more space is required.)

Name: _____ Corporation Name: _____

Name: _____ Corporation Name: _____

Name: _____ Corporation Name: _____

Name: _____ Corporation Name: _____

8. Please indicate the number of CPA students for which pre-approval is sought for the education and training of students at the practising office. (Please note that a Pre-Approved Training Application will need to be completed.)

- (i) Audit Path students: _____
- (ii) Review Path students: _____
- (iii) Leading to Assurance students: _____
- (iv) Assurance, Compilation & Tax students: _____
- (v) Compilation, Tax, & Advisory students: _____

9. If the practising office has previously been pre-approved for the education and training of students (as an authorized practising office of a predecessor firm), please provide the names of the students employed at the practising office. (Attach a separate sheet if more space is required.)

10. Expected profile of office engagements:

Please estimate percentage of time that will be spent in each area:

Audit – Public Companies		Bookkeeping	
Audit – Private Companies		Valuation	
Audit – Not-for-Profit		FOFI	
Audit – PSAB		Special Reports	
Trust Accountant’s Report		Consulting (specify below)	
Review		Other (specify below)	
Compilation		Taxation	

11. Please attach to this application proof of professional liability insurance coverage sufficient to satisfy the requirements under Bylaw Regulation 1301/1 for all members of CPABC who will be engaged in public practice at or in association with the practising office, including a copy of the policy endorsement.

I, _____, the undersigned, certify that the information contained in this application is true and complete.

Signature of applicant

DATED this _____ day of _____, 20____.

Please scan and email the completed form to publicpractice@bccpa.ca

Privacy

The personal information requested in this form is collected under the authority of the *Chartered Professional Accountants Act* and CPABC's bylaws, for the purpose of regulating the profession and administering the firm registration process in accordance with the *Act* and CPABC's bylaws, bylaw regulations, and code of professional conduct. Questions about CPABC's collection and use of personal information may be directed to CPABC's Privacy Officer. Contact details for our Privacy Officer can be found at www.bccpa.ca under "Privacy Policy".

[For internal use only]

The Chartered Professional Accountants of BC approves this application for authorization of a practising office.

Signed: Director, Public Practice Licencing

DATED this _____ day of _____, 20____.
