

For those Practitioners required to engage an individual to perform an Engagement Quality Review ("EQR") this document must be signed by the Practitioner and the individual performing the EQR to confirm the understanding of the responsibilities as set out in CSQM 2 paragraphs 24 to 27 and A.25 to A.49. Please scan and email the signed copy to CPABC at practicereview@bccpa.ca.

ENGAGEMENT QUALITY REVIEW CONFIRMATION

(Letter to be prepared on the letterhead of the individual performing the EQR)

CPABC
800 – 555 West Hastings Street
Vancouver BC V6B 4N6

Attention: Director, Practice Review

I have been engaged by _____ ("the Practitioner") to perform an Engagement Quality Review ("EQR") on their **(select one) audit / review / assurance** engagements. This agreement will remain in effect until such time that this arrangement is no longer required or until the Practitioner terminates the arrangement at which time, I will inform CPABC.

I agree to perform an Engagement Quality Review in accordance with the Canadian Standard on Quality Management: CSQM 2, paragraphs 24 to 27 and A.25 to A.49. I understand that I am required to provide to CPABC an EQR report (<https://www.bccpa.ca/member-practice-regulation/public-practice/practice-review/engagement-quality-review-eqr/>) for each engagement file where I have performed an Engagement Quality Review. The EQR report will summarize the following:

- Areas in the file where significant matters were discussed with the engagement partner;
- Results of the review of selected engagement documentation relating to significant judgment and the conclusions reached;
- Results of the review of the financial statements and the proposed report;
- An evaluation of the conclusions reached in formulating the report and consideration of whether the proposed report is appropriate; and
- Any instances where there was a difference of opinion between the Practitioner and the individual performing the EQR and how this difference of opinion was resolved.

I confirm that the Practitioner has provided me with a complete copy of their inspection report, including the letter finalizing the results, the Practice Review Officer's Report and the Summary of Reportable Deficiencies, from their most recent CPABC Practice Review.

I confirm that I am aware of the period for which a Practitioner can engage an EQR included on Appendix A and the EQR report submission deadlines included on Appendix B.

I understand that any financial arrangements for this engagement are negotiated between the Practitioner and myself.

(Print Name) **EQR**

(EQR Signature)

(City, Date)

(Print Name) **Practitioner**

(Practitioner Signature)

(City, Date)

For those Practitioners required to engage an individual to perform an Engagement Quality Review ("EQR") this document must be signed by the Practitioner and the individual performing the EQR to confirm the understanding of the responsibilities as set out in CSQM 2 paragraphs 24 to 27 and A.25 to A.49. Please scan and email the signed copy to CPABC at practicereview@bccpa.ca.

Appendix A - EQR Engagement Period

EQR Reports and queries are reviewed to determine if the Practitioner can meet standards independently, based on the number and nature of issues raised.

The Practitioner is required to have an EQR until such time that there are sufficient reports to demonstrate the Practitioner can meet standards independently. If the Practitioner is unable to demonstrate that they can meet standards on these engagements independently, the Practitioner may be restricted from performing further engagements in this category where an EQR is required.

Practitioners can request consideration for removal of the EQR requirement, which is then assessed by the Public Practice Committee. Requests should be made in writing to practicereview@bccpa.ca

Should the Practitioner wish to perform work in the category in which there has been a restriction placed in the future, the Practitioner will need to apply to the Public Practice Committee to have the restriction lifted.

Practitioner initials _____

EQR initials _____

Appendix B – Submission Deadlines

1. EQR Reports and the related review notes / queries must be submitted to CPABC via email to practicereview@bccpa.ca within **ten business days** of the engagement release by the Practitioner.
2. If no engagements have been released six months from the EQR appointment date, the Practitioner is responsible for confirming this in writing to CPABC and providing subsequent confirmations **every six months thereafter** via email to practicereview@bccpa.ca, with the EQR included on this email.
3. Failure to submit the EQR reports or a confirmation in writing that the Practitioner has performed no work requiring an EQR within the required time-period, then this **may result in the Practitioner being restricted from performing engagements in a category where an EQR was required.**

Practitioner initials _____

EQR initials _____