

MRA/RMA INTERNATIONAL APPLICATION FORM

Applicants applying for membership in CPABC must have been engaged in the practice of accounting in the jurisdiction in which that professional body is located for a two-year period immediately before membership was granted in that professional body.

A. PERSONAL INFORMATION

Full Legal Name: (Must match legal name verification document submitted with the completed application.)

First name Middle name Last name

Birth date: _____
(mm / dd / yyyy)

Former legal name (name under which the professional accounting qualification of the accounting body outside Canada was gained if different from name indicated above): _____

E-mail: _____

Postal address: _____ Unit: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Residential Phone: _____

B. CURRENT EMPLOYMENT

Employer Name: _____

Employer Address: _____ Unit: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Employment Phone: _____ Employment Fax: _____

Employment Email: _____

CPABC mailings should be sent to: - Home - Employment

CPABC Emails should be sent to: - Home - Employment

(Note: provision of email address implies permission for use by CPABC)

It is a member's responsibility to keep their contact information up-to-date with CPABC. By providing CPABC with your email address, you agree to receiving communications from CPABC by email.

CPABC will include your name and city of employment in the Member Directory available online to the public. If you have a valid reason why your information should not be included please contact the Privacy Officer (privacy@bccpa.ca).

C. REGISTRATION

Have you previously been an applicant or registrant of another provincial/regional CPA body? Yes No

If the answer is Yes, please specify which CPA body: _____

D. PROFESSIONAL ACCOUNTANCY QUALIFICATIONS

List the details of your Professional Accountancy qualifications.

Name of professional accounting body	Membership number and designation	Date of the final exam passed (mm/dd/yyyy)	Country or State in which the designation was earned	Date admitted as member (mm/dd/yyyy)	Last date as member in good standing (mm/dd/yyyy)

E. EDUCATION INFORMATION

Starting with the most recent, please list the details of your post-secondary education, including all colleges, universities and institutions you attended.

Degree(s) (BCOMM, BA, etc.)	Name of institution, city and country	Date received (mm / dd / yyyy)

F. PRE-QUALIFICATION EXPERIENCE

Starting with the most recent, provide the following information as it pertains to your relevant work experience prior to earning your accounting credential. Attach separate page(s) if more space is required..

Country and/or state where you obtained experience	Employer name	Position and nature of experience	Duration of experience (mm/yyyy to mm/yyyy)

G. POST-QUALIFICATION EXPERIENCE

Starting with the most recent, provide the following information as it pertains to your relevant work experience after earning your accounting credential. Attach separate page(s) if more space is required.

Country and/or state where you obtained experience	Employer name	Position and nature of experience	Duration of experience (mm/yyyy to mm/yyyy)

H. LICENSURE / AUTHORIZATION TO PRACTICE

This application is limited to membership in the CPABC. An application for a practice licence must be made separately to the CPABC Public Practice department. Contact publicpractice@bccpa.ca for requirements.

I. CHARACTER AND REPUTATION

1.	Have you ever been charged, in Canada or elsewhere, with a criminal or summary conviction offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever pleaded guilty to, or been convicted of, a criminal or summary conviction offence in Canada or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever received a pardon/record suspension in Canada or elsewhere (or something similar to a pardon/record suspension)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	With respect to a violation or alleged violation of a provision of securities or tax legislation in Canada or elsewhere (a "Matter"), are you currently the subject of an allegation or charge regarding a Matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	With respect to a violation or alleged violation of a provision of securities or tax legislation in Canada or elsewhere (a "Matter"), have you ever pleaded guilty or been found guilty of a Matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	With respect to a violation or alleged violation of a provision of securities or tax legislation in Canada or elsewhere (a "Matter"), have you ever entered into a settlement agreement with respect to a Matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Are you currently the subject of a complaint, investigation or disciplinary process of any professional body (accounting or otherwise) or other regulatory body in Canada or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Have you ever been found to have failed to comply with the requirements of a professional body (accounting or otherwise) or other regulatory body in Canada or elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you ever entered into a settlement or resolution agreement with a professional body (accounting body or otherwise) or other regulatory body in Canada or elsewhere in order to resolve a complaint, investigation or disciplinary matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Have you ever resigned registration or membership as a member, candidate or student in a professional body (accounting body or otherwise) or other regulatory body in Canada or elsewhere in order to resolve a complaint, investigation or disciplinary matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Have you ever become bankrupt, or filed, commenced or consented to the filing or commencement of an insolvency proceeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Has your registration as a member, candidate or student ever been terminated involuntarily by a professional accounting body (including a provincial or regional CPA body, or legacy body) for non-payment of dues, failure to complete Continuing Professional Development requirements, exhausting module/exam attempts, failure to complete the program within established time limits, or for any other reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Have you ever been found to have breached academic rules or policies (including rules or policies against plagiarism or cheating) or to have engaged in any other form of academic or non-academic misconduct at any post-secondary educational institution in Canada or elsewhere, or as a student or member of a professional body (including a provincial or regional CPA body, or a legacy body)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Have you ever been a defendant in any civil proceeding, in Canada or elsewhere, in which allegations of fraud, dishonesty, theft, or misrepresentation were made against you or against any company in which you have, or had, a controlling interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer is "Yes" to any of the questions below, explain in detail on a separate sheet.

I declare that I have answered the questions in this Character Declaration accurately and completely. I acknowledge that I may be required to provide additional information to the Chartered Professional Accountants of BC (CPABC) upon request, to enable them to assess my suitability for admission to membership. I authorize CPABC to verify the accuracy of my application.

J. DECLARATION

- I undertake that, if I am admitted as a CPABC member, I will comply with the Chartered Professional Accountants Act, CPABC Bylaws, CPABC Bylaw Regulations, and CPABC Code of Professional Conduct
- I attest the information in this application is correct to the best of my knowledge; and
- I understand that my CPABC membership may be cancelled if any of the information in this application, and any documents that form a part of this application, is determined to be false or misleading.

Date _____
mm / dd / yyyy

Applicant's original signature

The information on this form and on the Certification of Membership form is collected by CPABC under the authority of the CPA Act [SBC 2015] and the Freedom of Information and Protection of Privacy Act [RSBC 1996] 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 administer and regulate your membership with CPABC; provide services under section 3 of the CPA Act; develop new, or evaluate and make improvements to existing programs, services and products; and in accordance with CPABC's Privacy Statement. 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

US CPA and Mexican CPC applicants must also submit:

- proof of legal name
- detailed resume
- state board confirmation or IMCP confirmation
- International Practical Experience form for current and every past employer

All other applicants must also submit:

- proof of legal name
- parent accounting body confirmation

The completed application for membership form should be emailed to internationalinquiries@bccpa.ca

Upon receipt of a completed application form you will be provided instructions on how to pay the non-refundable application fee of \$650+GST.

Certification of Membership

For members of the following accounting bodies:

- ICAEW - SAICA - ICA Ireland - CAANZ
- ICAS - HKICPA - ICAZ

Re: _____
(Print applicant's name)

The person named above has applied for membership in Chartered Professional Accountants of British Columbia under the Reciprocal Membership Agreement between Chartered Professional Accountants of Canada and

(GAA member body)

Please confirm the following information:

Full legal name: _____

Date admitted to membership _____
(mm/dd/yyyy)

Academic Qualifications _____ Name of university _____

This membership was gained by:

- completing prescribed practical experience of _____ years
- virtue of passing the qualifying examination(s) on _____
(mm/dd/yyyy)

CONFIRMATION

_____ is a member in good standing with the _____
(GAA member body)

We know of no reason why membership in Chartered Professional Accountants of British Columbia should not be granted.

If such information cannot be given, please explain why:

Name and position

Signature

Date (mm/dd/yyyy)

Accounting body must return the completed document directly to internationalinquiries@bccpa.ca

Request for Certification of Membership with a US State Board of Accountancy

Re: _____
(Print applicant's name)

The person named above has applied for membership with Chartered Professional Accountants of British Columbia, under the Mutual Recognition Agreement between Chartered Professional Accountants of Canada and the US International Qualifications Appraisal Board representing the National Association of State Boards of Accountancy (NASBA) and the American Institute of Certified Public Accountants (AICPA).

Please confirm the following information:

Registered name (in full): _____

Date CPA certificate awarded: _____ Certificate no: _____

Applicant currently holds a licence issued by the board. Yes No

Applicant currently holds a certificate to practice issued by the Board. Yes No

Academic Qualifications: _____ University: _____

The CPA was gained by virtue of passing the uniform AICPA final examination on (mm/dd/yyyy): _____

while being a resident of (indicate State/Country): _____

Is the applicant in compliance with the Continuing Professional Education (CPE) requirements of your State Board? Yes No

CONFIRMATION

_____ is a member in good standing with the State Board. We know of no reason why Canadian CPA membership should not be granted.

If such information cannot be given, please explain why:

Name of State Board: _____

Name and position: _____

Signature: _____

Date: _____

Certification of Membership with the IMCP and COMPIC

Re: _____
(Print applicant's name)

The person named above has applied for membership in Chartered Professional Accountants of British Columbia, under the Mutual Recognition Agreement between Chartered Professional Accountants of Canada and the Instituto Mexicano de Contadores Públicos, A.C. (IMCP) and Comité Mexicano para la Práctica Internacional de la Contaduría (COMPIC).

Please confirm the following information:

Full legal name: _____

Date CPC certificate awarded: _____ Certificate no: _____
(mm / dd / yyyy)

Applicant currently holds a license issued by Dirección General de Profesiones/ Secretaría de Educación Pública. Yes No

Applicant currently holds a Cedula Profesional to practice issued by the Direccion General de Profesiones / Secretaria de Educacion Direccion General. Yes No

Academic Qualifications: _____ University: _____

The CPC was gained by:

- virtue of passing the uniform IMCP EUC final examination on (dd / mm / yyyy): _____
- while being a resident of (please indicate country): _____

Applicant earned CPC prior to the introduction of the EUC. Yes No

Is the applicant in compliance with the Continuing Professional Education (CPE) requirements of IMCP? Yes No

CONFIRMATION

_____ is a member in good standing with IMCP. We know of no reason why membership in Chartered Professional Accountants of British Columbia should not be granted. If such information cannot be given, please explain why:

Name of Institute: _____ Date: _____
(mm / dd / yyyy)

Name and position: _____ Signature: _____

Please return the completed form directly to internationalinquiries@bccpa.ca