The Institute of Chartered Accountants of Ontario
69 Bloor Street East Toronto, ON M4W 1B3
Tel: 416 962.1841 Fax: 416 962.8900 Toll free: 1 800 387.0735
www.icao.on.ca

Practice Inspection Review – Public Accounting Experience

ICAO No. | | | | | | |

Licensee Name:_____

Address: _____

Employment History – Within the past 5 years prior to October 31, 2011:

Name of public accounting firm: _____

Address: _____

In what capacity were the hours acquired?: ☐ Sole Practitioner ☐ Partner ☐ Manager ☐ Staff CA

Date of employment from _____ to _____ Consisting of _____ months

Name of public accounting firm: _____

Address: _____

In what capacity were the hours acquired?: ☐ Sole Practitioner ☐ Partner ☐ Manager ☐ Staff CA

Date of employment from _____ to _____ Consisting of _____ months

Name of public accounting firm: _____

Address: _____

In what capacity were the hours acquired?: ☐ Sole Practitioner ☐ Partner ☐ Manager ☐ Staff CA

Date of employment from _____ to _____ Consisting of _____ months

If more than 3 previous employers, attach a separate page.

The following section must be fully completed. Record Only hours that have been completed for the twelve month period ended to October 31, 2011.

The following public accounting services were provided while participating in a recognized capacity with a public accounting practice:		
Assurance (including auditing and review engagements), including assurance procedures performed on a per diem basis for a public accounting practice other than your own		chargeable hours
Compilations accompanied by the prescribed Notice to Reader		chargeable hours
Total	0	chargeable hours

I certify that the information provided above is correct in all respects.

Print Name	**X** Signature of licensee	Date (MM/DD/YYYY)

For Office Use Only
❑ C ❑ NC

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