



**CA Student Practical Experience Certification Report - Training Principal Sign-off**

**THE SIGNING PARTNER OR TRAINING PRINCIPAL MUST INITIAL ANY CHANGES OR CORRECTIONS MADE ON THIS FORM.**  
 A confirmation letter reflecting these updates will be provided to the student. Submit original forms only, faxes or photocopies will not be processed.

|                 |  |                                      |  |
|-----------------|--|--------------------------------------|--|
| <b>ICAO NO.</b> |  | <b>CA TRAINING OFFICE (CATO) NO.</b> |  |
| Student Name:   |  | Firm Name:                           |  |
| Address:        |  | Address:                             |  |
|                 |  |                                      |  |
|                 |  |                                      |  |

Since his/her date of registration this student was employed with this office (please enter exact date i.e. **mm/dd/yy**): \_\_\_\_\_

Name of business unit, if applicable, student was trained in: \_\_\_\_\_

This student was trained in the (please select the one that applies):

- Traditional (public accounting licensable) career path
- Non traditional (non-licensable) career path

on a full-time basis from \_\_\_\_\_ to \_\_\_\_\_ consisting of \_\_\_\_\_ weeks

on a part-time basis from \_\_\_\_\_ to \_\_\_\_\_ (please complete section below)

|   |   |
|---|---|
| Number of hours ordinarily constituting a regular full-time work week | Total number of hours worked by the student between dates indicated above |
|---|---|

**Office Use**

**REPORT OF THE TRAINING PRINCIPAL**

The above named student:

- completed our CA Training Program which is approved by the Institute of Chartered Accountants of Ontario.\*
- left employment prior to completing our CA Training Program which is approved by the Institute of Chartered Accountants of Ontario.\*\*
- transferred to another location.\*\*

I confirm as part of our CA Training Program – the above named student’s progress has been discussed with his/her Counselling Member at least semi-annually and he/she has met the progression expectations of all students in our CA Training Program.

I also confirm, if applicable, that if the above named CA student is seeking to practise Public Accounting that she/he has elected Assurance competencies as their area of depth as recorded on the Record of Qualifying Experience.

I certify that the information provided above is correct in all respects. I recommend him/her as being of good moral character and, in my opinion, he/she should be admitted to membership in the Institute if he/she has satisfied all requirements to apply for CA membership, as outlined in the ICAO Member’s handbook, Regulation I. I certify this student: (a) obtained practical experience in competencies prescribed in The CA Candidates’ Competency Map; and (b) I reviewed his or her competency development; and (c) this student was adequately supervised at all times, including during any secondments.

\_\_\_\_\_ **X** \_\_\_\_\_  
 Print Name & ICAO # of training principal                      Signature of training principal                      Date

\* Please submit a CA Student CA Experience Certification Report – Part/Full-Time Experience for all students to report leaves of absences; and for those students in the traditional licensable career path to report their chargeable hours.\*\*For those students who have left employment or transferred to another location a CA Student Change of Employment form must also be submitted.



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**STATEMENT OF THE CA STUDENT**

**To be completed only if term of practical experience is complete.**

I believe that I have met the practical experience requirements of the CA profession as defined in the *CA Practical Experience Requirements*.

During my term of practical experience I have gained a depth of experience in \_\_\_\_\_ and breadth of experience in \_\_\_\_\_ and \_\_\_\_\_ as documented in my Record of CA Qualifying Experience\*\*\* as at \_\_\_\_\_ (dd/mm/yyyy ).

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Print Name & ICAO # of CA student

**X**  
Signature of CA student

Date

**\*\*\* Please note: CA Students are required to maintain a personal Record of CA Qualifying Experience (RQE), updated semi-annually to chart their progress. CA Students must keep copies of all RQEs throughout their term of practical experience and for at least one year after becoming a CA.**