



CA Student Experience Certification Report – Part/Full-Time Experience

THE 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.

ICAO NO.	CA TRAINING OFFICE (CATO) NO.
Student Name:	CATO Name:
Address:	Address:

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

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

- External audit (public accounting licensable) career path Outside external audit (non licencable)

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
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Office Use

Assurance service hours, including financial statement audit procedures hours, must take place within the CA candidate's approved training office. All remaining hours, including the 100 required hours in taxation, may take place within the approved training office or under secondment.

During the time reported above, if this student was on secondment please indicate date from _____ to _____

Chargeable Hours	
Review Procedures* (*minimum 100 hours applicable to students registered after Sept. 1, 2001)	hours
Financial Auditing (minimum 625 hours)	hours
Other Assurance Engagements (excluding tax in assurance engagements)	hours
Taxation in Assurance Engagements (counts once towards total hours)	hours
Total Assurance Procedures (minimum 1250 hours)	hours
Tax Services (minimum 100 hours)	hours
Elective (e.g. risk management and control, information technology, finance, consultancy, insolvency and valuations, notice to reader)	hours
TOTAL (minimum 2500 hours)	hours

Leaves of Absence	Office Use
Note: All absences are to be reported in weeks with five days equalling one week. Report one day as .2, two days as .4, three days as .6, four days as .8 (i.e. one week and three days should be reported as 1.6 weeks)	
Vacation (maximum 8 weeks. Exclude statutory holidays)	weeks
Staff Training/Job Training (maximum 5 weeks)	weeks
Illness/bereavement/compassionate leave (maximum 5 weeks)	weeks
Any other paid/unpaid leave of absence	weeks
SOA and UFE attempts (Four weeks added per SOA attempt One week added per UFE attempt)	weeks
TOTAL	weeks

Reason for submission of form: completion of practical experience left employment** transferred to other location**

**Please fill out change of employment form



REPORT OF THE TRAINING PRINCIPAL

Student Name: _____

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 semiannually 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.

- The term of a practical experience is complete:

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 once he/she has satisfied all requirements to apply for CA membership, as outlined in the ICAO Members handbook, Regulation 4-1. I certify this student: (a) obtained practical experience in competencies prescribed in CA Practical Experience Requirements 2009; and (b) I reviewed his or her competency development; and (c) this student was adequately supervised at all times, including during any secondments.

- If the term of a practical experience is not yet complete*:

I certify that the information provided above is correct in all respects. I recommend the above named student as being of good moral character.

During the above term of employment, nothing came to my attention to suggest that he/she should not be admitted to membership once he/she has completed his/her practical experience requirements and in my opinion he/she should be admitted to membership of the Institute once he/she has satisfied all requirements to apply for CA membership, as outlined in the ICAO Members handbook, Regulation 4-1. I certify this student: (a) obtained practical experience in competencies prescribed in CA Practical Experience Requirements; 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

* For those students who have left employment or transferred to another location a CA Student Change of Employment form must also be submitted.

STATEMENT OF THE CA STUDENT

To be completed only if term of practical experience is complete. Please complete the information below, as applicable, and sign and date. I believe that I have met the practical experience requirements of the CA profession as defined in the CA Practical Experience Requirements.

- I registered prior to September 1, 2009
- I registered on or after September 1, 2009

If applicable please complete the competency information below:

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).

** 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.

_____ X _____
 Print Name & ICAO # of student Signature of student Date