



CA Student Experience Certification Report – Change of Employment

This form is to be completed and signed by a Training Principal when a student changes CA training offices in accordance with Bylaw 6. **Please note:** In addition, an experience certification report is required from your previous employer in order to report your chargeable hours, if applicable, and leave of absence time accumulated during your period of employment. Submit original forms only, faxes or photocopies will not be processed.

THE TRAINING PRINCIPAL MUST INITIAL ANY CHANGES OR CORRECTIONS MADE ON THIS FORM.
A confirmation letter will be mailed to the student once the information has been processed.

ICAO NO.

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Name: _____

Home Address: _____

Home Tel: _____ Preferred E-mail: _____

Work Tel: _____ Work Fax: _____

CATO NO.

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CA Training Office (CATO) Name: _____

CA Training Office (CATO) Address: _____

Was this employment opportunity secured through the Resume Portal? Yes No

TO BE COMPLETED BY THE NEW EMPLOYER

This office/unit* is eligible to train this student having already received approval under the provisions of Bylaw 6.7.

Name of business unit, if applicable, student is to be trained in: _____

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

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

I certify that this applicant is or will be employed as a student on (select one and enter exact date):

- a full-time basis
- a conditional/part-time basis Date (mm/dd/yy) _____
- co-op basis as at

I recommend the student as being of good moral character and, in my opinion, he/she should be registered by the Institute as a student. I assume responsibility for giving the student such practical experience and instruction and for affording such opportunities as are necessary to enable the student to acquire the art, skill, science and knowledge of a chartered accountant, so long as the student's performance is satisfactory and the student's services are required.

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