



**CA Student Experience Certification Report – Change of Employment**

This form is to be completed and signed by a Partner/Sole Practitioner/ Training Principal when a student changes CA training offices in accordance with Regulation I, 206(1). **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.

**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 CA2B 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 407.

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):

- Traditional (public accounting licensable) career path
- Non traditional (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 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 partner/sole practitioner/training principal      Signature of partner/sole practitioner/training principal      Date

\* Regulation I, 100(2)(b) provides for two or more offices of a member, firm or professional corporation that are a single practising unit for the purpose of being designated for student training.