



CA Student Experience Certification Report – Co-op Work Term Report

THIS FORM IS TO BE COMPLETED AFTER EVERY CO-OPERATIVE WORK TERM.

The signing partner 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:		Firm Name:	
Address:		Address:	

Work completed by this student, at this office includes: (please enter exact date e.g. mm/dd/year)

Work Term 1: From _____ to _____ Work Term 4: From _____ to _____

Work Term 2: From _____ to _____ Work Term 5: From _____ to _____

Work Term 3: From _____ to _____ Total Months: _____

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

Chargeable Hours (pursuant to Regulation I, 701)	
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 (pursuant to Regulation I, 704)		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	

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 Members handbook*, Regulation I.

_____ **X** _____
 Print Name & ICAO # of partner/sole practitioner/training principal Signature of partner/sole practitioner/training principal Date