



## CA Student Experience Certification Report – Summer Experience

**THE SIGNING PARTNER MUST INITIAL ANY CHANGES OR CORRECTIONS MADE ON THIS FORM.**

This form is to be completed for any experience gained prior to registration with the Institute of Chartered Accountants of Ontario including summer, full-time and co-op work term. A confirmation letter will be mailed 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:

The above student completed:  summer experience  other

From: \_\_\_\_\_ to \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ (please enter exact date e.g. mm/dd/year)

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)	
<b>Review Procedures*</b> (*minimum 100 hours applicable to students registered after Sept. 1, 2001)	hours
<b>Financial Auditing</b> (minimum 625 hours)	hours
<b>Other Assurance Engagements</b> (excluding tax in assurance engagements)	hours
<b>Taxation in Assurance Engagements</b> (counts once towards total hours)	hours
<b>Total Assurance Procedures</b> (minimum 1250 hours)	hours
<b>Tax Services</b> (minimum 100 hours)	hours
<b>Elective</b> (e.g. risk management and control, information technology, finance, consultancy, insolvency and valuations, notice to reader)	hours
<b>TOTAL</b> (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)		
<b>Vacation</b> (maximum 8 weeks. Exclude statutory holidays)	weeks	
<b>Staff Training/Job Training</b> (maximum 5 weeks)	weeks	
<b>Illness/bereavement/compassionate leave</b> (maximum 5 weeks)	weeks	
Any other paid/unpaid leave of absence (Exclude School of Accountancy, UFE and co-operative degree academic terms)	weeks	
<b>SOA and UFE attempts</b> (Four weeks added per SOA attempt One week added per UFE attempt)	weeks	
<b>TOTAL</b>	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

