



CONFIRMATION OF COMPETENCY BASED PRACTICAL EXPERIENCE

This form should be completed by the student and submitted to ASCA for each of the following situations. Please indicate which applies in this instance.

| | | | |
|--|--|--|--|
| On completion of practical experience period | | On completion of experience obtained prior receiving university degree | |
| On termination of employment | | On completion of recognized co-op work term | |
| Other | | | |

Note - discounting of 50% applies to experience received prior to obtaining 60 credit hours in the degree program

Student surname followed
by given names (Print)

Employer

Address

| | Day | Month | Year |
|---|-----|-------|------|
| Date of employment in this office or registration as a student, if later. | | | |
| Current date or date employment ended | | | |

30 MONTH REQUIREMENT (129 WEEKS)

| | | Weeks |
|--|--------------|-------|
| Length of time employed in this office • <i>Time should be reported in weeks with five standard days equalling on week. Report one standard day as .2, two days as .4, (i.e., one week and three days should be reported as 1.6 weeks).</i> • <i>One month equals 4.3 weeks</i> • <i>Overtime hours cannot be used to reduce the 30 - month period of the experience requirement but can be used toward meeting minimum service hour requirements</i> | | |
| Less • Summer school courses (including FPP) • Additional time away from work as a result of study and exam days • Uniform Evaluation preparation and writing time • Any other paid or unpaid leaves of absence that have not been reported above (may include illness/bereavement/compassionate/vacation/maternity) over the maximum period permitted. See ASCA information Handbook. Total to be deducted from length of time employed in this office | Weeks | |
| Net length of time employed in this office | | |
| Plus: Recognized experience from previous employment (if applicable) | | |
| Total length of time employed | | |

I also confirm that the student named above has obtained the following Chargeable Hours of experience for the purposes of practicing public accounting. Of the total Chargeable Hours attained:

| For CA students employed by CA firms and seeking a license to practice public accounting | | | | | | |
|--|-------------|--------|------------------------------|-----|-------|-------|
| Minimum chargeable hours | Attestation | Review | Total Attestation and Review | Tax | Other | Total |
| | 625 | | 1250 | 100 | | 2500 |
| Chargeable hours as recorded on the Experience Record | | | | | | |
| Chargeable hours brought forward from previous employment (previously reported to ASCA) | | | | | | |
| Total Chargeable Hours Completed | | | | | | |

If the student was on secondment during the time reported above, please indicate date from _____ to _____
 Secondment was in Canada outside Canada

DO NOT FAX OR EMAIL— Original signatures required

Report of the Training Principal

I confirm on behalf of _____ that
(NAME OF CA TRAINING OFFICE)
_____ was in our employ
(STUDENT'S NAME)
from _____ to _____ and participated in
dd/mm/yyyy dd/mm/yyyy
our CA Training Program which is approved by _____
NAME OF PROVINCIAL INSTITUTE

As part of our CA Training Program this student's progress has been discussed with his/her Counselling Member at least semi-annually and he/she has met the progression expectations of all students in our CA Training Program.

If the term of practical experience is complete, please check here

I recommend this student as being of good moral character and in my opinion, he/she should be admitted to membership once he/she has satisfied all requirements to apply for CA membership.

If the term of practical experience is not yet complete, please check here

I recommend this 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 once he/she has satisfied all other requirements to apply for CA membership.

Training Principal's Signature

Training Principal's Name (please print)

Date

Statement of the CA Student

If the term of the practical experience is complete, please check here

I believe that I have met the practical experience requirements of the CA profession as defined in the *CA Practical Experience Requirements*.

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

If the term of the practical experience is not complete, please check here

I believe I have progressed towards developing the competencies set out in the CA Practical Experience Requirements as recorded in my Record of CA Qualifying Experience

CA Student's Signature

Student's current email address

Date

For ASCA use only

Approved

Complete this form and return it to:
Atlantic School of Chartered Accountancy
P.O. Box 489
Halifax, Nova Scotia
B3J 2R7
Phone: (902) 425-7974