



## EXPERIENCE CERTIFICATION FORM

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 to receiving university degree	
On termination of employment		On completion of recognized co-op work term	

*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 <ul style="list-style-type: none"> <li><i>Time should be reported in weeks with five standard days equalling one week. Report one standard day as .2, two days as .4, (ie., one week and three days should be reported as 1.6 weeks).</i></li> <li><i>One month equals 4.3 weeks</i></li> <li><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></li> </ul>		
Less <ul style="list-style-type: none"> <li>Summer school courses (including FPP)</li> <li>Additional time away from work as a result of study and exam days</li> <li>Uniform Evaluation preparation and writing time</li> <li>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.</li> </ul> Total to be deducted from length of time employed in this office	<b>Weeks</b>	
Net length of time employed in this office		
Plus: Recognized experience from previous employment (if applicable)		
<b>Total length of time employed</b>		

**CHARGEABLE HOUR REQUIREMENTS**

	<i>Attestation</i>	<i>Review</i>	<i>Total Attestation and Review 1250</i>	<i>Tax</i>	<i>Other</i>	<i>Total</i>
Minimum chargeable hours required	625			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

**CERTIFICATION***Student Certification*

I \_\_\_\_\_ certify the information provided on this form is accurate.  
 Name of Student (Please Print)

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

*Employer Certification*

To the best of my knowledge and belief, the information provided above relating to experience obtained in this office is correct in all respects; and

- a) The candidate's hours of experience were spent in the development of competencies from a range of the Specific Competencies as outlined in *The CA Candidates' Competency Map*.
- b) The candidate reviewed with their Supervisor on a regular basis, progress in the development of competencies required of the entry-level CA as outlined in *The CA Candidates' Competency Map*; and
- c) All work of the candidate was adequately supervised under the overall supervision of qualified professionals of this Approved Training Office.

\_\_\_\_\_  
 Name of Member (Please Print)

\_\_\_\_\_  
 Signature of Member

\_\_\_\_\_  
 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

***DO NOT FAX - Original signatures required***