

## Application for Membership Extra-Provincial Member Form

This application is for candidates registered with CPA Nova Scotia seeking to become a member under By-Law 212 (ii), (a)-(c). The application will be reviewed by the Registration Committee of CPA Nova Scotia.

### Instructions

Return the following documents in a complete package to CPA Nova Scotia, attention Danielle Roode, Associate Registrar ([droode@cpans.ca](mailto:droode@cpans.ca)):

1. Application for admission to membership.
2. Declaration for Admission to Membership.

### Other Information:

Non-Resident Members who continue their prime membership in another province or territory but wish to practice chartered professional accounting in Nova Scotia will be charged a Nova Scotia non-resident membership fee as an Affiliate Member.

Members Transferring from another Province or Territory who wish to transfer their prime membership as a Chartered Professional Accountant to Nova Scotia from another province or territory shall pay a non-resident fee to CPA Nova Scotia at the date of arrival (provided that prime, resident fees have been paid to another province for that fiscal year). The member will be charged a prime, resident fee for the next full year.

If membership is approved, the appropriate fees will be billed accordingly and the new member will be advised on how to pay the fees, which will be due immediately.



## Application to Membership Extra-Provincial Member or Affiliate Form

Name:	Employer Name:
Address:	Address:
Phone (Home):	Position/Title:
Email (Home):	Phone (work):
Mobile:	Email (work):
I prefer to receive mail at the following address: Home <input type="checkbox"/> Business <input type="checkbox"/>	
I prefer to receive emails at the following address: Home <input type="checkbox"/> Business <input type="checkbox"/>	

1. I am a member in good standing with the following provincial organization:

\_\_\_\_\_ and joined by virtue of:

- (i) Completing the examination and experience requirements of the  
aforementioned Organization,
- a. Education component of program completed: \_\_\_\_\_(Year); and
- b. Practical experience requirement complete: \_\_\_\_\_(Date) or;
- (ii) by affiliation with \_\_\_\_\_(name of relevant  
accounting body).

2. I am applying for the following membership status:

- Full                       Out of Country                       Affiliate Non-Resident



3. Do you provide public accounting or regulated services to the public ?

	<u>Yes</u>	<u>No</u>
Audit Engagements	<input type="checkbox"/>	<input type="checkbox"/>
Review Engagements	<input type="checkbox"/>	<input type="checkbox"/>
Compilation Engagements	<input type="checkbox"/>	<input type="checkbox"/>
Tax Services (analysis, advice, interpretation)	<input type="checkbox"/>	<input type="checkbox"/>
Accounting Services (analysis, advice, interpretation)	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

\*\*See CPA Nova Scotia By-Laws, Section 27 for definition of regulated services, and the *Public Accountants Act (Nova Scotia)* for definition of public accounting.

If you answered yes, to being engaged in public accounting or regulated services:

- I declare that I, or my registered firm will have sufficient professional liability insurance in effect to comply with CPA Nova Scotia By-laws.

4. If you answered yes, to being engaged in public accounting or regulated services:

- Partner/Owner in public accounting\* or regulated services
- Employment in public accounting\* or regulated services
- Volunteer

\*Audit and Review Engagements are included in the *Public Accountants Act (Nova Scotia)* definition of public accounting and require members who sign-off on engagements to be certified by the CPA Nova Scotia Public Accounting Certification Committee, and be licensed by the Public Accountants Board.

I agree that upon acceptance of this application for membership, I will be governed by the *Chartered Professional Accounts Act, CPA Nova Scotia By-Laws, CPA Nova Scotia Code of Professional Conduct* and all other governing documents of CPA Nova Scotia.

I declare that the information given in this application is true and complete.

Dated this day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Nova Scotia.

\_\_\_\_\_  
Witness: [witness name]

\_\_\_\_\_  
[applicant name]



## DECLARATION FOR ADMISSION TO MEMBERSHIP

### PART A:

I declare that, except as noted below under "Exception(s)":

1. I am currently in compliance with all of the requirements of any extra-provincial regulatory body or other professional accounting bodies of which I am a member, including continuing professional development, professional liability insurance, practice review or inspection, licensing and similar requirements, if applicable;
2. with respect to any restrictions to practice public accounting:
  - a. to my knowledge, I have no restrictions to practice in any jurisdiction where I am licensed or certified to practise that would restrict or prohibit the practice of chartered professional accounting;
3. with respect to any breach or violation of any provision of the Criminal Code of Canada or a similar code of any other jurisdiction, or any securities or tax legislation of any jurisdiction:
  - a. to my knowledge, I am not currently the subject of an investigation or charges,
  - b. I have not ever been convicted of a criminal offence, and
  - c. I have not ever been discharged after being found guilty or pleading guilty to charges in relation any such breach or violation relating to accounting work;
4. with respect to registration as a student or member, I am not the subject of a registration sanction in any jurisdiction:
  - a. I have not ever been refused registration as a student or member of any such body, and
  - b. I am currently registered as a student or member of the following such body(ies):

Name of Regulatory Body



5. I do not have the status of an undischarged bankrupt under the *Bankruptcy and Insolvency Act*; and
  
6. with respect to any complaint, review, decision, agreement or any other matter related to the discipline process of any professional regulatory body or related to compliance with the requirements of any other regulatory body:
  - a. to my knowledge, I am not currently the subject of a complaint or any type of investigation or review by any such body,
  - b. I have not ever been disciplined by nor have I entered into any agreement to settle or resolve an alleged breach of the requirements of any such body, and
  - c. I have not resigned from membership in or registration as a student of any such professional regulatory body in order to resolve a disciplinary matter, nor have I voluntarily withdrawn from governance by any other regulatory body in order to resolve an alleged breach of its requirements.

**Exception(s):** Please note any exceptions to the above declarations and attach an explanation of the exception, including, as applicable, the name of the other body, period of registration and a brief description of circumstances related to any such exceptions.

Item Number	Name of Regulatory Body/Association/Statute

**PART B:**

1. I declare that the information given in this application is true and correct. I acknowledge and agree that it is my responsibility to provide CPA Nova Scotia with all required information and documentation acceptable to the Registration Committee.
  
2. I authorize CPA Nova Scotia to contact any organization identified in this application and consent to the release by any such organization of any



information that is requested by CPA Nova Scotia in order to properly consider this application.

3. I understand that any false or misleading statement contained in this application may be used by CPA Nova Scotia in any proceeding respecting the validity of my application or my status as an applicant or member of CPA Nova Scotia.

Dated this day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Nova Scotia.

\_\_\_\_\_  
Witness: [witness name]

\_\_\_\_\_  
[applicant name]

**For Office Use Only**

**REGISTRATION COMMITTEE:**

APPROVED

Date : \_\_\_\_\_

NOT APPROVED

Database Updated: yes  no

Initials: \_\_\_\_\_ Date: \_\_\_\_\_