

**PROVINCIAL BODY CONFIRMATION  
APPLICATION FOR ADMISSION ON THE BASIS OF  
PROVINCIAL AFFILIATION**  
*(Must be completed and attached to application)*

**Section 1 – REGISTRANT CONSENT**

**To be completed by member:**

I, \_\_\_\_\_ authorize the provincial body named below to release information in relation to my application for Membership on the basis of affiliation with a recognized provincial regulatory body.

X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DOB(mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature

**Section 2 – DETAILS OF PROVINCIAL AFFILIATION**

**To be completed by provincial body:**

We, \_\_\_\_\_ confirm that the individual named above is a member in good standing of this provincial body. Additional information provided below:

Registered name (in full): \_\_\_\_\_ CPA Canada # \_\_\_\_\_

Basis of Admission:

**CFE/UFE student**

- Year individual successfully completed CFE/UFE (circle one): \_\_\_\_\_
- Practical experience duration: months required: \_\_\_\_\_ months completed \_\_\_\_\_
- Path of practical experience used for basis of CPA admission
  - External audit based – provide chargeable hours details in the following areas:  
\_\_\_\_\_ Audit \_\_\_\_\_ Review \_\_\_\_\_ Tax \_\_\_\_\_ Other \_\_\_\_\_ Total
  - Outside of external audit based – provide competency details as follows:  
Depth achieved in \_\_\_\_\_  
Breadths achieved in \_\_\_\_\_ and \_\_\_\_\_

**Affiliation with another provincial regulatory body**

- Name of provincial regulatory body: \_\_\_\_\_
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

**Foreign Candidate**

- Name of foreign accounting organization: \_\_\_\_\_
- Exam(s) successfully completed and date(s): \_\_\_\_\_
- Attach a copy of original documentation provided by this organization for admission to your regulatory body.

**Other** – please describe on a separate sheet

In addition, we certify the following membership details:

A. Membership date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Designation held (check all that apply):  CPA  CA  CGA  CMA

C. Membership fees paid in full for fiscal year ending \_\_\_\_\_ and consisting of (select all that apply):

CPA Canada (prime)  Resident  Affiliate

D. Academic Qualifications

Degree Granted	Name of University	Date Granted

Please indicate whether the member has ever been the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in the comment area below. Please indicate if there are any disciplinary actions against this member and whether the member has been restricted/suspended/expelled/terminated for any reason other than non-payment of fees. Please provide any additional information regarding this individual's membership on a separate sheet if necessary.

Comments:



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We know of no other reason why membership with the Chartered Professional Accountants of Nova Scotia should not be granted.

\_\_\_\_\_  
Name of Authorized Party  
(on behalf of provincial body)

\_\_\_\_\_  
Provincial Body

X \_\_\_\_\_  
Signature

Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_