

## CPA PRE-APPROVED PROGRAM LEADER CONFIRMATION FORM

This form is to be completed by the Pre-approved Program Leader to confirm acceptance of a candidate into their Pre-approved Program. Candidates will upload this completed form into the CPA Practical Experience Reporting Tool as part of the initial profile creation and reporting process. Sections 1 and 2 can be completed by the candidate. Section 3 must be completed by the Pre-Approved Program Leader.

**PRINT in capital letters or CLICK in the box to type.**

1 Personal Information	
Legal name	
First	Middle
Last	
CPA number	

2 Employment Information			
Employer name		Employer street address	
Employer city	Employer province	Employer postal code	Employment start date
Pre-Approved Program Category			
At the time of registration, you had indicated that you are completing the experience requirements in the Pre-Approved Program route.			
<b>Select the experience category that you intend to complete:</b>			
Pre-approved program category: <input type="checkbox"/> Firm - assurance (i.e. satisfying full public accounting requirements concurrent to competencies) or <input type="checkbox"/> Firm – other (e.g. taxation, advisory, mix of assurance/compilation/tax, etc.) or <input type="checkbox"/> Industry/Government/Other (e.g. publicly-traded, private enterprises, not-for-profit, education, etc.)		<b>Applicants in BC ONLY:</b> If you have selected the Firm – assurance category, select one of the following: <input type="checkbox"/> Audit <input type="checkbox"/> Review	
Name of pre-approved program/department to be trained in:			
Type of employment (select one):			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Co-op	<input type="checkbox"/> Summer

3 Pre-Approved Program Leader Confirmation		
I certify that this individual is or will be employed in the Pre-approved Program as stated above.		
Pre-Approved Program Leader signature	Pre-Approved Program Leader name	Date