

Please return completed form to [PDPA@cpawsb.ca](mailto:PDPA@cpawsb.ca)

## APPLICANT INFORMATION

<b>First Name:</b>	<b>Last Name:</b>	<b>Preferred Name:</b>	<b>Mr./Ms.</b>	<b>Date of birth:</b>
<b>Residency Status:</b> <div> <div>Canadian Citizen</div> <div>Permanent Resident</div> <div>Temporary Resident</div> </div>				
<b>CPA Provincial Governing Body:</b>		<b>CPA Canada Member/Customer:</b> <small>(Consists of the letter 'C' followed by a series of numbers. i.e. C123456)</small>		
<b>Preferred Address</b> <div> <div>Home</div> <div>Business</div> </div>				
<b>Street:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Telephone:</b>		<b>Email:</b>		
<b>Business Name (if applicable):</b>				

## ELIGIBILITY

*I have attached a letter of eligibility from the CPA provincial body to which I am applying for membership and/or public practice licensure.*

YES NO

**Note:** Applicants will not be allowed to register without a valid letter of eligibility.

## PROVISION OF CONSENT

*The personal information you provide on this form is collected by CPAWSB on behalf of the provincial CPA body you select and will be used by CPAWSB to create your My CPA profile and communicate with you about the CPA Reciprocity Education and Examination (CPARE) program. The personal information you provide will be used by the provincial CPA body to verify your eligibility to enroll in the CPARE, administer your participation in the CPARE and, if you are ultimately successful, verify completion of your post-certification requirements and/or assess your eligibility for public practice licensure.*

*You can view privacy policies and contact information of the provincial CPA bodies at [www.cpawsb.ca/privacy](http://www.cpawsb.ca/privacy).*

*I consent to the above.*

YES NO



*From time-to-time, the CPA Western School of Business (CPAWSB) and the provincial CPA bodies send commercial electronic messages, such as invitations to events or information about CPA education programs and the CPA profession to students, candidates, and other people who are not enrolled in those programs. Select below to receive commercial electronic messages from CPAWSB and/or my provincial CPA body. You can withdraw your consent to receive commercial electronic messages at any time.*

**YES****NO**

## DECLARATION

*I have read and agree to the [CPA Canada Examination Rules](#) and the policies outlined in the [CPARE Information Guide](#).*

**YES****NO**

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