

CPA TRANSFER FORM – CASB TO CPA

Use this form to transfer to the CPA program only if you are already enrolled as a student in CASB and want to switch to the CPA program to begin at Core 1. Send the completed form and payment information by **EMAIL** to cpaapplication@casb.com or **MAIL** to CA School of Business Student & Support Services/301, 1253 91 Street SW/Edmonton, AB/T6X 1E9. CPA Module Registration Forms will be available as posted on the Schedule of CPA Module Key Dates at www.cpasb.ca.

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

1 Personal Information			
Legal name			CASB Student Number
First	Middle	Last	
Preferred name		Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address Information			
Street address		City	
Province	Postal code	Personal email	
Home phone number		Cell phone number	

2 Employment Information (if applicable)			
Employer name		Employer street address	
Employer city	Employer province	Employer postal code	Employment start date
Direct phone number		Business email	
Experience Route			
Select the experience route that you intend to complete:			
<input type="checkbox"/> Non-external audit (Corporation/Public sector/Public practice – Non-assurance)	<input type="checkbox"/> External audit (Public practice)	Applicants in BC ONLY: If you have selected the external audit (public practice) route, select one of the following: <input type="checkbox"/> Audit Practicing Certificate <input type="checkbox"/> Review Practicing Certificate	

3 Fee information
<p>Annual CPA student dues must accompany this form.</p> <p><input type="checkbox"/> Full-year CPA dues of \$920.00 (for 2014/2015) You are continuing employment or starting a module between April 1, 2014, and September 30, 2014.</p> <p><input type="checkbox"/> Half-year CPA dues of \$460.00 (for 2014/2015) You are registered with CASB as a co-op or summer student and you are transferring to the CPA program to have your experience recognized. Note: Candidates can begin Core 1 upon completion of undergraduate degree and prerequisite requirements. OR You are beginning employment or starting a module between October 1, 2014, and March 31, 2015.</p> <p><input type="checkbox"/> I have already paid CASB 2014/2015 student dues and I am transferring to the CPA program.</p>

4 Payment Information			
<p>We cannot process forms without the required fee. Note: We do not collect GST. All cheques are payable to CASB.</p> <p>Do not include payment information if you have already paid 2014/2015 CASB student dues and are now transferring to the CPA program.</p>			
Payment method: <input type="checkbox"/> Cheque (attach to form)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Card type: <input type="checkbox"/> Employer <input type="checkbox"/> Personal	Total enclosed: <input type="checkbox"/> \$460.00 (half-year dues) <input type="checkbox"/> \$920.00 (full-year dues) Note: All cheques are payable to CASB
Card number	Expiry date (mm/yy)		
Name as it appears on card	Card holder signature		

5 Employer Sponsorship	
<p>This section is to be completed by the applicant's employer.</p> <p>I sponsor this applicant for the purpose of admission into the CPA certification program and as part of that sponsorship undertake to employ the applicant full-time/part-time (circle one) in my office:</p> <p>a) Starting _____ (mm/dd/yyyy) <u>OR</u></p> <p>b) Subject to an unconditional offer of employment in the office, said employment to start on a full-time/part-time (circle one) basis starting _____ (mm/dd/yyyy)</p> <p>I recommend the above named student as being of good moral character to be registered by CASB as a candidate in the CPA certification program. I assume responsibility for providing the candidate with the opportunity to participate in our CA Training Program, which is approved by the Institute of Chartered Accountants of _____, and for providing the candidate with appropriate supervision, as long as their performance is satisfactory and their services are required in accordance with the bylaws and regulations of the Institute of Chartered Accountants of _____.</p>	
Training Principal name (please print)	Training Principal signature
Title (please print)	

6 Next Steps		
Are you planning to enroll in the next available offering of CPA Core 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Note: currently under the CPA program, co-op and summer students are not eligible to participate in Core Module 1 until the degree and prerequisite requirements have been met.</p> <p>As the entry requirements for the CPA program cover additional competencies than those required for the legacy programs, the profession is developing transition modules (Mod Zero) to help CPA program entrants who have met legacy prerequisite course requirements fill knowledge gaps before starting the program in the fall. Additional details are here: http://cpasb.ca/BecomeaCPA/CPAModuleZero.aspx.</p> <p>Anyone who has submitted a CPA candidate application form or a CPA transfer form and indicates they are taking the next available offering of Core 1 will receive an email about how to register for Mod Zero. All candidates registering in the next available offering of Core 1 will need to decide and confirm which parts of Mod Zero, if any, they are required to complete.</p> <p>Please refer to the Schedule of CPA Module Key Dates for more information about registration deadlines.</p> <p>Note: students who are in the CASB program and who are on track to get to the 2014 UFE should continue with CASB. Any students who choose to switch to the CPA program at this time will begin at Core 1 as transition paths from CASB to CPA have not yet been finalized.</p>		

7 Applicant Declaration

Declare the Western provincial/territorial Institute under which you will be governed, i.e. Alberta, British Columbia, Manitoba, Saskatchewan, Northwest Territories, Nunavut, or Yukon. You may choose to change your province of governance in the future by providing written notification to Student & Support Services.

I hereby apply for registration as a student of the Accounting Body in the province of _____.

I do solemnly declare that:

- a) All information given herein is true, to the best of my knowledge and belief.
- b) It is my desire to qualify in due course for admission to membership in a provincial Institute of Chartered Accountants.
- c) I agree to comply with the provisions of the Regulated Accounting Profession Act (RAPA) of Alberta, or the Chartered Accountants Act of BC, Manitoba, Saskatchewan, Northwest Territories, Nunavut, or Yukon; and with the Regulations, Bylaws and Rules of Professional Conduct as prescribed from time to time by the council of the above-declared Institute.
- d) I understand and acknowledge that if CPA legislation is not in place in the province I am registered in when I successfully complete the CPA certification program, I will be granted the legacy designations of the bodies participating in the CPA unification process, and that when CPA legislation is enacted, I will be granted a CPA designation and the remaining designations that I may use will be determined under that legislation.
- e) I agree to comply with the policies and guidelines of the CA School of Business as prescribed by the Board of Directors of the School.
- f) I authorize the CA School of Business to obtain such information concerning my education, training, experience and background as required to determine my eligibility for registration as a student in the school.
- g) I understand that my academic results and any other pertinent information pertaining to my standing with CASB will be released to my employer and/or the Institute. I agree to the publication of my name if successful on the national CPA final exam.
- h) I understand that module and/or evaluation access or the release of my academic results may be denied if registration item(s) are outstanding.
- i) I understand that all materials related to the CPA certification program are the property of the CA School of Business.
- j) I understand that I will be required to have access to a PC laptop computer that meets our minimum hardware and software requirements for use in all modules.

In the event that while registered as a candidate, I am able to practice public accounting under conditions established by my provincial Institute, I agree to obtain the necessary permission and comply with all of the bylaws, rules and guidelines of the Institute as if I were a recognized CA practicing public accounting.

Applicant signature	Date
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8 To be completed by CASB

CPA Candidate number	Date application approved	CASB authorization
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Protection of Privacy – Every effort is made to protect personal information. The personal information requested on this form is collected under applicable federal and provincial legislation and the CA School of Business’ policies and guidelines on data management, data access and data use. Information collected relates directly to and is necessary to meet CASB’s mandate and responsibilities. It may be used for: admission, registration, academic and experience evaluation, income tax receipts, student dues, convocation, communication with your employer and other professional accounting organizations, distribution of educational material and information, statistics, research and other operational activities. Direct any questions about data collection and use to: Director, Student Services, 301, 1253 91 Street SW/Edmonton, AB/T6X 1E9, email – cpaapplication@casb.com, phone – 1 866 420.2350.