

CHANGE OF CA TRAINING OFFICE

Complete this form when you change training office employment, including if you transfer from an assurance-based public practice position to a non-external audit position within the same office. You will need to ensure that your previous employer submits a Confirmation of Practical Experience Certificate. If you started working after September 1, 2009, or are working in a non-external audit position, take each record of CA qualifying experience (RQE) form that you have completed to your new CA Training Office.

EMAIL the completed form to generalregistrations@casb.com or MAIL it to CA School of Business Student & Support Services/301, 1253 91 Street SW/Edmonton, AB/T6X 1E9.

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

1 Personal Information	
Student name	CASB student number
First	Middle Last
Are you moving from an assurance-based public practice position to a non-external audit position?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered "YES" to the above question and you are moving to or within a CA Training Office, please specify the new department or practice area in the "New CA Training Office Information" section below.</i>	
British Columbia students only:	
Choose one of the following categories:	
<input type="checkbox"/> Audit Practicing Certificate <input type="checkbox"/> Review Practicing Certificate	

2 Home Information		
Street address	City	
Province	Postal code	Personal email
Home phone number	Cell phone number	

3 New CA Training Office Information	
Employer name	Department
Employer street address	Employer city
Employer province	Employer postal code
Direct phone number	Business email

4 Communication Preferences	
CASB uses email to communicate with you whenever possible. Please provide reliable email addresses that you check frequently.	
Preferred email address:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Preferred mailing address:	<input type="checkbox"/> Home <input type="checkbox"/> Employer

5	Governance Change Request (if applicable)
<p>Please change my provincial governance affiliation from the Institute of Chartered Accountants of _____ to the Institute of Chartered Accountants of _____. I understand that by signing this request, I agree to comply with the provisions of the Regulated Accounting Professions Act (RAPA) of Alberta or the Chartered Accountants Act of BC, Manitoba, Saskatchewan, Northwest Territories, Yukon, or Nunavut, as requested above.</p>	

6	Character & Reputation
<p>The following questions are provincial legislative requirements to establish that an applicant has good character and reputation. If the answer is yes to any question below, contact CASB Student & Support Services for information on the additional details and documents that must be provided.</p>	
<p>a) While registered as a student or member of any Accountants' Institute, Association, Society or College have you ever:</p> <p style="margin-left: 20px;">i) had a finding of unprofessional conduct against you through the discipline process of that organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">ii) been removed involuntarily from the register of that organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Have you ever been convicted of a criminal offence of any country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) At present, do you have any charges outstanding under the criminal law in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) Have you ever been found guilty of breaching a section of securities regulatory authority legislation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f) Have you ever been found guilty of an academic rules infraction at any post-secondary educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Signature of Student	Date

7	Employer Sponsorship
<p>To be completed by training principal of new CA Training Office.</p> <p>I sponsor this applicant for the purpose of continuing admission in the CA School of Business 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, this full-time/part-time (circle one) employment will start on _____(mm/dd/yyyy)</p> <p>I recommend the above named student as being of good moral character to be registered by CASB as a student. I assume responsibility for providing the student with the opportunity to participate in our CA Training Program, which is approved by the Institute of Chartered Accountants of _____, and for providing the student 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)	Date

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 evaluation, income tax receipts, student dues, convocation, communication with your employer, 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 – generalregistrations@casb.com, phone – 1 866 420.2350 or local - 780 420.2350.