

## APPLICATION FOR ADMISSION BY EXAMINATION AS A MEMBER

After completing all membership admission requirements, complete and return this form to CPABC by email to [slangle@bccpa.ca](mailto:slangle@bccpa.ca), or by post or fax.

**PLEASE NOTE:** membership applications are now processed once a month. Completed applications (including CASB's Record Confirmation) must be received by the 15th of the month in order to be admitted on the first day of the next month. Once your application is approved you will receive an email with instructions on how to access the Member's Only section of our website ([www.bccpa.ca](http://www.bccpa.ca)) to pay your application fee of \$800+GST and member dues for the fiscal year. **Payment must be received within 5 business days in order to complete your admission to membership.**

I, \_\_\_\_\_  
(Print full name in upper and lower case as it should appear on membership certificate)

make application for admission as a member of the Chartered Professional Accountants of British Columbia.

In support of this application, I certify that I have completed the prescribed requirements, in accordance with the Bylaw Regulations, have passed the Uniform Final Examination in 20\_\_\_\_, and

**I enclose**

- \_\_\_\_\_ Certificate of Character
- \_\_\_\_\_ completed Certification of Completion of P.D. Requirements from each employer while taking the required Mandatory PD and

**I have ordered**

- \_\_\_\_\_ CASB Record Confirmation. This must be ordered from CASB and sent to CPABC directly.

**I undertake that, if I am admitted as a member of the Chartered Professional Accountants of British Columbia, I will comply with the Chartered Professional Accountants Act, CPABC Bylaws, CPABC Bylaw Regulations, and Code of Professional Conduct from time to time in force.**

\*\*I authorize CPABC to include my name, employment information such as address, phone, fax and e-mail address in future Membership Directories.

Date \_\_\_\_\_, 20 \_\_\_\_ Original Signature \_\_\_\_\_

Present Employer Name & Address \_\_\_\_\_

Street City/Prov Postal Code

Phone ( ) \_\_\_\_\_ Fax \_\_\_\_\_ Direct line \_\_\_\_\_ e-mail \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City/Prov Postal Code

Home Phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

## CERTIFICATE OF CHARACTER

(TO BE SIGNED BY TWO MEMBERS IN GOOD STANDING OF CHARTERED PROFESSIONAL ACCOUNTANTS OF BRITISH COLUMBIA (WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR), ONE OF WHOM SHOULD BE A TRAINING PRINCIPAL IN THE APPLICANT'S APPROVED TRAINING OFFICE, IF POSSIBLE.)

Re: \_\_\_\_\_

I certify that the above applicant for admission has been personally known to me and that the applicant is, to my knowledge, of good moral conduct and character, and in my opinion is a suitable person to be admitted as a member of the Chartered Professional Accountants of British Columbia.

(a) \_\_\_\_\_  
(ORIGINAL SIGNATURE OF PROPOSER) (PLEASE PRINT FULL NAME)

Address \_\_\_\_\_

Have known applicant for \_\_\_\_\_ years.

(b) \_\_\_\_\_  
(ORIGINAL SIGNATURE OF PROPOSER) (PLEASE PRINT FULL NAME)

Address \_\_\_\_\_

Have known applicant for \_\_\_\_\_ years.

(FOR CPABC OFFICE USE)

MEMBERSHIP APPLICATION FORM	PD CERTIFICATION
<input type="checkbox"/> SIGNED BY APPLICANT	<input type="checkbox"/> SIGNED BY TRAINING PRINCIPAL
<input type="checkbox"/> SIGNED BY 2 SPONSORS	<input type="checkbox"/> 21 HOURS ICABC PD OK
<input type="checkbox"/> CASB RECORD CONFIRMATION RECEIVED	<input type="checkbox"/> 14 HOURS ADD'L OK

I certify that the applicant named above has completed all requirements and is accepted as a member effective \_\_\_\_\_ 20 \_\_\_\_

Registrar \_\_\_\_\_

\_\_\_\_\_ 20 \_\_\_\_

## CERTIFICATION OF COMPLETION OF PD REQUIREMENTS

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Student Name \_\_\_\_\_

Mandatory (21 hours):

- You & Your Designation, Effective Management Skills and a soft skills course (see list of eligible courses in CPABC PD website). These are to be taken **AFTER** your first attempt at the UFE.

Optional (14 hours):

- The remaining PD hours can be taken up to 6 months prior to your first UFE attempt and must be approved training office courses, CPABC courses or CPA Canada courses
- Please note that if PD courses were taken while employed with different CA training offices, each approved training office must complete a PD Certification.

*IF YOU HAVE ANY CONCERNS ABOUT WHETHER THE OPTIONAL COURSES YOU PLAN TO TAKE WILL QUALIFY, PLEASE CALL THE INSTITUTE **BEFORE** YOU REGISTER.*

### LIST MANDATORY COURSES TAKEN TO SATISFY THE PD REQUIREMENT

TITLE	DATE	# CLASS HOURS
1. You & Your Designation _____		7
2. Effective Management Skills _____		7
3. Soft Skills – course name: _____		7

### LIST COURSES TAKEN TO FULFILL THE REMAINING 14 HOURS.

TITLE	DEVELOPER (ie: CPA Canada, CPABC, FIRM)	DATE	# CLASS HOURS
1. _____			
2. _____			
3. _____			

I HEREBY CERTIFY THAT \_\_\_\_\_, has satisfied the 14 hours of optional PD requirements of the Chartered Professional Accountants of British Columbia by attendance at courses which meet the following criteria:

- Must be sponsored by the CPABC Professional Development Program, CPA Canada, or an approved training office
- Must cover topics from the CPA Canada Competency Map, including the general fields of Financial Accounting and Reporting, Auditing and Professional Practice, Managerial Accounting and Control, Taxation, Valuations, Insolvency, Management; Ethics; Information Technology; or additional soft skills courses that are identified as eligible in the CPABC PD catalogue. Technical courses must be at a post UFE level of knowledge
- E-learning courses are acceptable provided it involves test questions or other objective certification of completion
- May be taken up to six months prior to the student's first recorded attempt at the UFE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training Principal's Original Signature

\_\_\_\_\_  
Training Office and Location