

CPA PUBLIC ACCOUNTING CHARGEABLE HOURS FORM

1 CPA CANDIDATE INFORMATION: Enter your legal name							
First Name	Middle Na	me	Last Name	CPA Number	r:		
Employer:							
Name of Pre-App	roved Program (If A	oplicable):					
Reason for submitting this form. Check the most appropriate box below:							
1. ☐ I have completed the CPA Practical Experience Requirements							
	$2.\square$ I am leaving my current employer and have not completed the CPA Practical Experience Requirements						
3.I am remaining	with my current emp	loyer and:					
☐ I am moving	g to a(n)			Pre-approved	Program Position		
		(Program nar	ne)				
☐ I am moving	g to an EVR position						
☐ I am reporti	ng a Prior and/or Co-	op work term					
☐ I am reporti	ng a secondment (co	mplete Section 2)					
4. ☐ Other							
2 SECONDMENT EMPLOYER INFORMATION: Complete for secondment experience only							
2 SECO	NDMENT EMPLOYE	R INFORMATION:	Complete for secon	ndment experience only	у		
2 SECO Employer:	NDMENT EMPLOYE	R INFORMATION:	Complete for secon	ndment experience only	у		
Employer:	NDMENT EMPLOYE	R INFORMATION:		ndment experience only	у		
	NDMENT EMPLOYE	R INFORMATION:	Complete for secon	ndment experience only	y		
Employer: City:	NDMENT EMPLOYE			ndment experience only	y		
Employer: City:				ndment experience only	y		
Employer: City:				ndment experience only	y		
Employer: City: Name of Pre-App	roved Program (If A _l C	oplicable): HARGEABLE HO	Province:				
Employer: City: Name of Pre-App	roved Program (If A _l	oplicable): HARGEABLE HO	Province:	end Date (YYYY-MM-I			
Employer: City: Name of Pre-App	roved Program (If A _l C	oplicable): HARGEABLE HO	Province:				
Employer: City: Name of Pre-App 3 Reporting Period	roved Program (If Ap C Start Date (YYYY-M	oplicable): HARGEABLE HO M-DD):	Province: URS SUMMARY Reporting Period		DD):		
Employer: City: Name of Pre-App 3 Reporting Period	roved Program (If Ap C Start Date (YYYY-M	oplicable): HARGEABLE HO M-DD):	Province: URS SUMMARY Reporting Period d by this form in the Assurance	End Date (YYYY-MM-I	DD):		
Employer: City: Name of Pre-App 3 Reporting Period List the chargeable Hours	roved Program (If Ap C Start Date (YYYY-M	pplicable): HARGEABLE HO M-DD): the period covered	Province: URS SUMMARY Reporting Period	End Date (YYYY-MM-i	DD): elow:		
Employer: City: Name of Pre-App 3 Reporting Period List the chargeable	roved Program (If Ap C Start Date (YYYY-M	pplicable): HARGEABLE HO M-DD): the period covered	Province: URS SUMMARY Reporting Period d by this form in the Assurance	End Date (YYYY-MM-i	DD): elow:		
Employer: City: Name of Pre-App 3 Reporting Period List the chargeable Hours	C Start Date (YYYY-M e hours completed for Audit HFI** **HFI refers to as	pplicable): HARGEABLE HO M-DD): the period covered Review HFI**	Province: URS SUMMARY Reporting Period by this form in the Assurance Other	End Date (YYYY-MM-i	DD): elow: Taxation		

4	CPA CANDIDATE CONFIRMATION				
I declare that all the information given in this form is true and correct.					
CPA Candidate Signature:		Date (YYYY-MM-DD):			
5	EMPLOYER CONFIRMATION: To be completed by secondment and EVR employers only				
I confirm that the CPA Candidate named above has obtained the chargeable hours reported in this form.					
Practice Leader Signature:		Date (YYYY-MM-DD):			
_	office Long Lon Manne				
Pra	Practice Leader Name:				

FREQUENTLY ASKED QUESTIONS

Who Should Fill out This Form?

Only CPA Candidates who are employed with a licensed public accounting firm will complete this form.

Who Completes Section Two?

Section 2 is only completed when the candidate is reporting hours earned during a secondment. For more information on secondments, see section 4.3 of the <u>CPA PER 2021</u>.

Who Completes Section Four?

All CPA candidates need to sign the chargeable hours form. The form either needs to include an image of the candidate's physical signature or be signed electronically in a way that secures the document against further changes.

Who Completes Section Five?

Section 5 is only completed when the candidate is reporting hours in an experience verification route (EVR) position or for a secondment.

Section 5 is not required when the candidate is reporting hours in a pre-approved program position as the Program Leader will attest to the accuracy of the reported chargeable hours as part of the certification process.

How is the Chargeable Hours Form Submitted?

Candidates must attach this completed form to the final or relevant experience report in PERT. Instructions for attaching documents to experience reports can be found in the PERT Guide for Future CPAs.

Other Questions:

Check the Resources link in PERT and if you are still not able to find an answer, contact practicalexperience@cpask.ca.