

## Application for admission by affiliation<sup>1</sup>

 $\Delta$  To complete the review of your application, the Order will contact you to obtain additional information.

Part 1 General infor	mation						
Section A – Personal informatic CPA Member No. (CPA Canada)				ast name			
Home address							Apt.
City			Pro	ovince Postal	code	Country	
Telephone (home)	Telephone (cell)	Email addre	SS (home)				
Date of birth  YYYY MM DD	Sex □ F □ M						
You were born in Canada:  ➤ your birth certificate is:  ➤ one piece of identificat  You were born outside of  ➤ your birth certificate is:  ➤ two pieces of identificat (e.g. health insurance of  A Documents in a langua	sued by the competent authorion issued by a competent at Canada: sued by the competent authorition issued by a competent at card, driver's licence, passpoage other than French or Engreserves the right to reques	ority in Canada; uthority in Cana ority in your cou authority in Can ort). glish must be tra	da (e.g. heal ntry of birth; ada or by the anslated by a ocuments.	AND e competent aut	hority in yo		
Professional address						YYYY	Suite DD
City			Province	Postal code	Country		
Telephone (work)	Ext. Fax (work)		Email addre	ess (work)			
Section C - Correspondence a	nd subscription preferences	s					
In accordance with the <i>Charte</i> a <u>restricted permit</u> is issued to						ch. If a <u>temporary pe</u>	<u>ermit</u> or
Mailing address Email							

<sup>&</sup>lt;sup>1</sup> Admission pursuant to the *Règlement sur les autorisations légales d'exercer la profession hors du Québec qui donnent ouverture au permis de l'Ordre des comptables professionnels agréés du Québec (in French only).* 

## Part 1 Identification (cont.)

## **Subscription to optional e-communications**

Electronic communications related to the accounting profession, the Order's mission (i.e. the protection of the public), and the legislative and regulatory aspects of the profession are sent via the *CPA Newsletter* or personalized emails from which you cannot subscribe.

In addition to these communications, you may receive **optional communications**, such as the *CPA plus* newsletter and various targeted emails, which keep you updated on the profession so that you do not miss any of the opportunities available to you. **You can choose the optional communications** you wish to receive below and may change your selections at any time.

I want to receive the <i>CPA plus</i> newsletter, a monthly newsletter that provides a variety of topical informat (news, events, job offers, training opportunities, etc.).	
I want to receive personalized emails on the following topics of interest:	
Topics of general interest (news, events)	
Professional development (e.g. training and promotional offers)	🖵 Yes 🖵 No
<ul> <li>News and activities in my region – Choose up to two regional groups</li> </ul>	
- None	1st choice 2nd choice
- Abitibi-Témiscamingue	1st choice 🖵 2nd choice
- Chaudière-Appalaches	1st choice 2nd choice
- Eastern Quebec	1st choice 2nd choice
- Estrie	1st choice 2nd choice
- Laval – Laurentians – Lanaudière	1st choice 2nd choice
- Mauricie – Central Quebec	1st choice 2nd choice
- Montérégie	1st choice 🖵 2nd choice
- Montreal	1st choice 2nd choice
- Outaouais	1st choice 2nd choice
- Quebec City	1st choice 🖵 2nd choice
- Saguenay-Lac-Saint-Jean	1st choice 🖵 2nd choice
Promotional offers from partners	□ Yes □ No
Partner communications	
The Order has negotiated commercial agreements with specific partners in the interest of offering you go We require your authorization to forward your contact information to our partners so that they may conta You may change your consent at any time.	
I authorize the Order to forward my contact information to its business partners.	□ Yes □ No
Part 2 Declaration	
2.1 I have been a member in good standing of (professional CPA organization in another Canadian province or territory, or	
sinc	e YYYY MM DD
Please complete part ① of the Request for information regarding the admission of a CPA from anoth or Bermuda and ask your professional CPA organization to complete part ② of the form and email i	
I am also authorized to practice public accountancy in that Canadian province or territory or in Berm	nuda 🖵 Yes 🗖 No
If yes, please attach a copy of your permit or licence.	

Permit type	Regular permit	Temporary permit Valid for one year and renewable up to 3 times Allows you to keep learning French and pass the examination of the Office québécois de la langue française.	Restricted permit Valid for as long as you meet the conditions for obtaining this permit.
Conditions for obtaining the permit	My knowledge of the French language meets the requirements of section 35 of the <i>Charter of the French Language</i> .	My knowledge of the French language does not meet the requirements of section 35 of the Charter of the French Language. AND I have acquired the requisite professional competencies for the CPA permit outside Quebec.	My knowledge of the French language does not meet the requirements of section 35 of the Charter of the French Language.  AND I practice my profession on behalf of a single employer in a position where I do not deal with the public.
Documents that must be attached	Attach any of the following documents:  Official transcript indicating that you have received no less than three years of full-time instruction delivered in French, regardless of the country  Secondary school transcript issued by Quebec's Ministère de l'Éducation, indicating that you passed the fourth or fifth year secondary level examination for French as a first language  Secondary school diploma issued by Quebec's Ministère de l'Éducation as of or after the 1985-1986 school year  Certificate attesting that you passed the examination of the Office québécois de la langue française	Copy of your undergraduate degree obtained outside Quebec in the field of accounting, or proof of equivalence, if you have obtained equivalence.	The Order will contact you about the documents you need to attach.

Part 4 Declaration under section 45.2 of the <i>Professiona</i>	l Code				
I am or have been the subject of a lawsuit for an offence punishable by a term of imprisonment of five years or more in Canada or in another country.					
I have been found guilty of a criminal offence in Canada or another country.					
I have been found guilty of violating a tax act or a securities act in Canada or another country.					
I have been the subject of a disciplinary decision rendered by another professional order or a similar organization in Quebec or elsewhere.					
I have been found guilty of illegally practicing a profession or of making unauthorized use of a professional designation in Quebec or elsewhere.					
I (or the partnership or company within which I practice my profession and of have (has) declared bankruptcy in Canada or another country		No			
If you answered "Yes" to the previous question and you have been dischar	ged from your bankruptcy, please include the certificate of discharge				
Part 5 Signature					
I hereby declare that the information provided in this application and, where a that any false or incomplete statement could have significant implications.	pplicable, in the accompanying documents, is true, and I understand				
	YYYY MM DD				
Signature	Date				
Part 6 Fees and payment terms					
The Order will inform you of the total fees. In order for your application to be p	• • • • • • • • • • • • • • • • • • • •				
You will also receive your first dues notice in the days following your entry on the four entry on the roll.	ne roll of the Order. Your dues must be paid within a maximum of 45 day	'S			
Please return this duly completed and signed form along with the require	d documents by email at tableauCPA@cpaquebec.ca.				
⚠ <b>NOTICE</b> : The information in this application is collected for purposes of supervising the practice surveying. It will be made available for these purposes to all staff members of the Order to enab maintains relating to you are kept at the Order's head office. Under the law, you have a qualified	le them to carry out their duties. The information and the file that the Order currently				