

# Request for deregistration as a candidate for the profession

## Part 1 Personal Information

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Candidate No.	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 2 Declaration

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I, the undersigned, no longer wish to be registered as a candidate for the profession for the following reasons:

### I understand that the consequences of deregistration are as follows:

- ▶ The prohibition to use the status of candidate for the profession, or to hold myself out or present myself as a candidate for the profession (e.g. in telephone directories, on websites, social media, business cards and stationery). I may be subject to penal proceedings for unauthorized use of the title if I continue to hold myself out or present myself as such.
- ▶ The loss of the benefits obtained as a candidate under agreements entered into by the Order (short-term disability insurance, prescription drug insurance, etc.).

### I understand that to be reinstated as a candidate with the Order I will have to:

- ▶ Submit an application for reinstatement and satisfy the conditions for reinstatement, including payment of the required fees;
- ▶ Consider that the Order may not recognize a certain number of months of practical experience completed during the period of inactivity, depending on the review of my file;
- ▶ Consider that it may be required to successfully complete one or more update courses.

## Part 3 Signature

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I hereby attest that I have read and understood the consequences of deregistration as a candidate for the profession.

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature (compulsory) Date

 Please return this duly completed and signed form by email at [candidatCPA@cpaquebec.ca](mailto:candidatCPA@cpaquebec.ca).

### Espace réservé à l'Ordre

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Réception de la demande Date     Par