

Application for reinstatement of a candidate to the profession

△ Reinstatement at the Order is not automatic. To complete the review of your application, the Order will contact you to obtain additional information.

Part 1 Identification

Section A - Personal information

CPA Member No.

Date of birth

First name Last name

Home address Apt.

City Province Postal code Country

Telephone (home) - Telephone (cell) - Email (personal)

Section B - Professional information

If you do not hold a position, check the box below and go to Section C.

I do not currently hold a position.

Employer Title of position Since

Professional address Suite

City Province Postal code Country

Telephone (work) - Ext. Fax - Email (professional)

Section C - Correspondence

Language English French

Mailing address Personal Professional

Email Personal Professional

I authorize the Order to provide my contact information to business partners that have negotiated specific commercial agreements with the Order so that I can receive offers of goods and services. Yes No

Part 2 Declaration

I, the undersigned, hereby request to be reinstated at the Order for the following reasons:

I agree to comply with the Code of ethics of chartered professional accountants..... Your initials

I accept the terms and conditions set out in the Professional Education Program Contract, including the Surpass release agreement..... Your initials

Part 3 Declarations in accordance with section 59.3 of the Professional Code

I have been found guilty of a criminal offence in Canada or another country..... Yes No Already declared

I have been found guilty of violating a tax act or a securities act in Canada or another country..... Yes No Already declared

I have been the subject of a disciplinary decision rendered by another professional order or a similar organization in Quebec or elsewhere..... Yes No Already declared

I have been found guilty of illegally practicing a profession or of making unauthorized use of a professional designation in Quebec or elsewhere..... Yes No Already declared

Part 4 Signature

I hereby declare that the information provided in this application is true. I understand that any false or incomplete statement could have negative implications.

Signature

Date

Part 5 Fees and payment terms

The Order will inform you of the total fees payable. In order for your application to be processed, the fees must be paid in full, by cheque or credit card.

 **Please email this duly completed and signed form at the following address at candidatCPA@cpaquebec.ca.**

⚠ NOTICE: The information in this application is collected for the purposes of supervising the practice of the profession, protecting the public, conducting inquiries, compiling statistics and surveying. It will be made available for these purposes to all staff members of the Order to enable them to carry out their duties. The contact information contained herein may be used by the Order for organizational purposes or to offer you goods and services, unless the access officer at the Order is instructed otherwise in writing. The information and the file that the Order currently maintains relating to you are kept at its head office. Under the law, you have a qualified right to access them or to request that corrections be made.

For internal use only

Demande reçue Date Par _____

Frais acquittés Oui S.O. Date Par _____

Comité de l'accès à la profession Date Par _____